FACTORS INFLUENCING SERVICE RECOVERY IN NURSING SERVICES

DAYANG NOR SARINA BINTI AZZENI

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SCHOOL OF BUSINESS MANAGEMENT
Universiti Utara Malaysia

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(Signature)

Nama Penyelia Kedua **DR. MAHA MOHAMMED YUSR OTHMAN**
(Name of 2nd Supervisor)

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ABSTRACT

Service recovery has been an important issue due to broader social and economic context that shows greater demand for health, care and support which conclude that it is critical to study the health care services. Predicting that factors such as top management leadership, teamwork, empowerment, training and commitment is critical to be understood because all this factors will affect the motivation and attitude of employees toward service recovery. Furthermore, employee is the only source of sustainable competitive advantage to organisations. Nursing staffs are the one who have variety of jobs to perform and need to juggle with many jobs at many place in the medical profession. Hence, there is no doubt that failure in their service might occur and service recovery is very crucial to make sure that nurses will perform better in service recovery. This study therefore aims to determine the factors influencing service recovery among public nurses. Nurse from public hospitals from various hospitals in Seberang Perai Utara, Pulau Pinang were chosen as respondents for this study. A total number of 400 questionnaires are distributed to respondents using simple random sampling method. Only 368 questionnaires were returned and being used for analysis. The results of correlation analysis and regression analysis both have shown that three independent variables (empowerment, training and commitment) have significant relationship and influenced towards service recovery. In conclusion, the finding in this study shows that nurse's commitment is the most critical factors in service recovery.

Keywords: Service Recovery, Top Management Leadership, Teamwork, Empowerment, Training, and Commitment

ABSTRAK

Pemulihan perkhidmatan telah menjadi isu penting kerana konteks sosial dan ekonomi yang lebih luas menunjukkan permintaan yang lebih tinggi untuk kesihatan, penjagaan dan sokongan dan menyimpulkan bahawa adalah penting untuk mengkaji perkhidmatan penjagaan kesihatan. Faktor seperti kepimpinan pengurusan puncak, kerja berpasukan, pemberdayaan, latihan dan komitmen diramalkan penting untuk difahami kerana semua faktor ini akan mempengaruhi motivasi dan sikap pekerja terhadap pemulihan perkhidmatan. Selain itu, pekerja adalah satu-satunya sumber kelebihan daya saing yang mampan untuk organisasi. Kakitangan kejururawatan adalah orang yang mempunyai pelbagai tugasan untuk dilaksanakan dan perlu menyesuaikan diri dengan banyak tugasan di pelbagai bahagian dalam profesion perubatan. Oleh itu, tidak ada keraguan bahawa kegagalan dalam perkhidmatan mungkin berlaku dan pemulihan perkhidmatan sangat penting untuk memastikan bahawa jururawat akan melakukan yang lebih baik dalam pemulihan perkhidmatan pada masa akan datang. Kajian ini bertujuan untuk menentukan faktor-faktor yang mempengaruhi pemulihan perkhidmatan di kalangan jururawat awam. Jururawat dari hospital-hospital awam dari pelbagai hospital di Seberang Perai Utara, Pulau Pinang dipilih sebagai responden untuk kajian ini. Sejumlah 400 soal selidik diedarkan kepada responden menggunakan kaedah persampelan mudah rawak. Hanya 368 soal selidik dikembalikan dan digunakan untuk analisis. Hasil analisis korelasi dan analisis regresi kedua-duanya telah menunjukkan bahawa tiga pemboleh ubah bebas (pemberdayaan, latihan dan komitmen) mempunyai hubungan yang signifikan dan dipengaruhi terhadap pemulihan perkhidmatan. Kesimpulannya, penemuan dalam kajian ini menunjukkan bahawa komitmen jururawat adalah faktor yang paling kritikal dalam pemulihan perkhidmatan.

Kata Kunci: Pemulihan Perkhidmatan, kepimpinan Pengurusan Puncak, Kerja Berpasukan, Pemberdayaan, Latihan dan Komitmen

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INTRODUCTION

1.0 CHAPTER INTRODUCTION

This study provides a research about the determinants of service recovery among public nurses. The factors affecting service recovery encompass Top Management Leadership, Teamwork, Empowerment, Training, and Commitment. This chapter will explain briefly about the study and consist of several parts.

1.1 BACKGROUND OF STUDY

There are three sectors in the economy which are primary sector (extraction, such as mining, agriculture and fishing), the secondary sector (manufacturing) and the tertiary sector which is the service sector. The services sector has a critical role in the process of economic growth while a major part of the inputs in the primary and the secondary sectors is provided by the services' sector. Services may involve transport, distribution and sale of goods from producer to a consumer as may happen in wholesaling and retailing, which depends on revolution of service industry and the products. Other than that, service may involve the process of providing the service to other people such as in an entertainment or even in the health care industry. Service industry involved personalized activities requiring interacting and intervention between people and technology or machine. However, the focus of service is basically by people interacting with people and serving the customer rather than transforming physical goods (Ramamoorthy, 2000).

Another researcher has agreed that services unlike the tangible products because they are produced and consumed at the same time in the presence of the customer and the service producer. The comportment of the human factor during the service delivery process significantly increases the chance of fault along the constituent of employees and clients. This error is due to intangible behavioural processes that cannot be easily monitored or controlled (Ramseook-munhurrun, Lukea-bhiwajee, & Naidoo, 2010). In addition, Huda (1995) argues that service is an encounter between a customer and a complex system. The most elemental it is an encounter between people, about which the underlying mechanism is little known. Each communication is to be said as critical which creates the perception of service quality.

Cali, Ellis, and Velde (2008) and Ramamoorthy (2000), have agree that service sectors is essential determinant of country's growth and development. Besides, some service also directly relevant for achieving social development objectives such as service in education, health, and sanitation sector. Thus, service marketers have experienced that competition can be well managed by differentiating through the quality of service and there are exception where quality has traditionally been an issue, such as for health care industry. Customer service is viewed as a part of marketing mix in service marketing. The inseparability and intangibility character of service are consequently more crucial than in manufacturing companies (Verma, 2004).

Discussions of hospital quality, efficiency, and nursing care often taken place independent related to one another. The activities to assure the adequacy and performance of hospital nursing, improve quality, and achieve effective control of hospital costs need to be considered. Service quality hold within customer and organization, thus, shows the valuable exchange among them. Understanding of the customers' requirement has become a necessity as it helps the practitioners in developing new approaches to provide improved service quality. Quality is a very critical element concerned by patients while planning to get treatment. However, consideration through hospital's overall reputation, and available facilities should be taken for judgement (Sarwar, 2014).

Hasliza Hassan and Muhammad Sabbir Rahman (2015) state that the public healthcare service in Malaysia is supported by private healthcare with half of the healthcare services in Malaysia are being provided by the private sector. Those who prefer to go to a private hospital are from a higher socio-economic status and education level than those who go to public hospitals. The majority of patients who go to public hospitals are low income earners because the costs for private medical healthcare are very expensive and the majority of Malaysians are still unable to afford such care. Accordingly, most patients feel very grateful to obtain subsidized medical treatment from the public hospitals, as the expenditure for private healthcare has been continuously increasing at a far higher rate than that of public healthcare. In addition, the effort that has been made by the government to improve the quality of healthcare services in public hospitals has made people to rely more on public hospitals even though considerable improvement to the public hospitals is still required.

Furthermore, nurses are critical element to the delivery of high-quality and efficient care. One of the main challenges in Malaysia is a continuation of the provision of healthcare that is accessible to all communities and income groups, especially when Malaysia's population is still growing although increasingly ageing over time. The increase in demand for health services over the years has reportedly placed strains on the public healthcare system. Chunlaka (2010) agree that the role of a nurse is to restore health and lessen patient suffering and increase their level of endurance. Nurses also are the main personnel who directly provided nursing services to patients. However, their main responsibilities are to prepare primary treatment care and organizing with other healthcare professionals in concerning for patients.

Other researcher argue that the healthcare industry has shifted from a fairly stable one into a more challenging and dynamic landscape through the rising costs of healthcare, an aging population, growing sophistication of technology, the proliferation of private hospitals, emergence of new diseases, and greater public awareness for better quality of healthcare. Above all, these situations have created pressures and produced greater burden on public hospitals and their employees. Consequently, the most affected healthcare employees are the nursing professionals who are responsible to deal with increased demands for efficiency, cost cutting, and improved healthcare quality. They need to cope effectively with workplace stress, exhaustion and burnout at the same time (Othman & Nasurdin, 2011).

Muhammad & Jamilha (2010) stated that abundance of the nurse even take on the responsibilities of other medical personnel including doctors in command, thus, makes them a very important part of the medical system. In the other words, nursing staffs are the one who have variety of jobs to perform and need to juggle with many jobs at many place in the medical profession. Hence, there is no doubt that failure in their service might occur. (Hariati Johari, 2013) agree that error or service failure is still occurring in health care industry including nurse's services. The management for example should provide courses and training to increase the staff knowledge and competency in handling any situation that might occur. Consequently, they will promote patient's safety.

Service recovery is understandable as the action managed by an organization to face the occurrence of a service failure. Other researcher suggests that, a fast response by the people in charged can reduce the effects of failures towards the organization. Other than that, some studies have produced three kinds of justice that can be initiated after the failure. The three justice are, fairness of the resolution procedures (procedural justice), the interpersonal communications and behaviors (interactional justice), and the outcomes (distributive justice). Apart from that, informational justice is newly added to the recovery choices that consist of complaint handling process. Its include the elements such as politeness and courtesy displayed by personnel, empathy, effort perceived in resolving the situation, and the firm's willingness to provide an explanation as to find out the reason for the failure occurred (Abbas, 2012).

Most health service provision is from the public sector, although there is a significant level of private care offered, particularly within the surgical and semi or non-acute areas. Recent years have seen that health care systems facing an increasing dissatisfaction with the complexity, fragmentation, inefficiency and the cost of current health service. However, health marketing literature is not well documented through the elements of the character of service quality in the implementation of services marketing programs in order to achieve patient satisfaction outcomes (Ashill, Carruthers, & Krisjanous, 2005). While there is substantial literature relevant to many of the model's constructs generated within the nursing literature, these relate to the administration of nursing care, as opposed to the factors affecting service recovery for the purposes of this research.

1.2 PROBLEM STATEMENT

Othman et al. (2014) discussed that nurses' attitudes and behaviours as customer-contact employees are considered vital in discovering the quality of healthcare services. Other researcher has agreed that it is crucial to study the delivery of the nursing service within the context of how it ensures patient safety and service recovery focusing on public hospitals (Andrews-evans, 2012). However, no research has been reported on how to apply identified factors of service recovery among public nurses in order to bring a change in healthcare services. Public hospitals have received numerous issues compared to private hospitals, thus, it is important to identify the factors that affecting service recovery among public nurses in Malaysia.

There are changes in a broader social and economic context that results in greater demand for health, care and support which conclude that it is critical to study the health care services (Servaty, Krejci, & Hayslip, 1996). Study made by Ashill et al., (2005) stated that the main objective of health innovation worldwide is to hold the way healthcare services are delivered. However, this condition relates not only to the overall health of individuals and communities, but together with the quality of the healthcare experience. Even though the health care system has committed by performed in the past, there is evidence that shows healthcare system is not working well enough for both, those it serves, and includes the personnel who work in it. The rate of change is continuing until now (Michael Villenueve, 2006).

Previous research explores the needs of the nursing service to prevent failure, while aspiring to determine what are the key factors can be identified by the nurse in Malaysia to deal with failures and improve the service and safety of the nursing service in whatever setting it is delivered. However, there is lack of study that focus on government hospitals. However, as the health service as a whole burden under the persisting pressure of having to do more for less and community nursing is fast becoming the service that is unable to say 'no' in their service activities (Ball et al., 2014). It also gives hope on the daily challenges and rewards of nurses and of how they are working as part of the health system and perform better in handling service recovery.

In order to give a better view about service recovery, many previous researches have been conducted, and researchers came out with many variables to measure service recovery. According to Piaralal et al. (2016) factors influencing service recovery in the life insurance industry come from three dimensions; human resource management (training, teamwork, rewards and empowerment), organizational (customer service orientation and top management commitment), and personal (role ambiguity, role conflict, affective organizational commitment and emotional exhaustion). However, findings in research by Ardahan (2007) revealed that education, team work and role ambiguity as frontline job perceptions were found to exert positive influences on the service recovery, but, empowerment, reward, and organizational commitment were found to have negative effects on the service recovery. Hence, the purpose of the study is to complement existing research on service recovery among public nurses in Malaysia.

1.3 OBJECTIVES OF THE STUDY

1.3.1 The Main Objective

The main objective of this study is to determine the factors influencing service recovery among public nurses.

1.3.2 The Specific Objectives

The specific objectives of this study are as follows:-

1. To determine the significant different between genders toward service recovery among public nurses.

2. To determine the significant different between ethnic groups, age, marital status, religion, level of education, job position, employment tenure, and department among public nurses.

3. To identify the relationship between the independent variables (top management leadership, teamwork, empowerment, training, and commitment of the nurses), on service recovery among public nurses.

4. To determine the influence of independent variables (top management leadership, teamwork, empowerment, training, and commitment of the nurses), towards service recovery among public nurses.

1.4 RESEARCH QUESTIONS

Four research questions have been formulated to achieve the objectives of this study as follows:-

1. Is there is any different between gender towards service recovery among public nurses?

2. Is there any significant difference between service recovery and gender, ethnic group, age, marital status, religion, level of education, job position, employment tenure, and department?

3. Is there any relationship between independent variables (top management leadership, teamwork, empowerment, training, and commitment of the nurses), and service recovery?

4. Is there any significance relationship between independent variables (top management leadership, teamwork, empowerment, training, and commitment of the nurses) on service recovery among public nurses?

5. Is there any significance influence between top management leadership, teamwork, empowerment, training, and commitment of the nurses on service recovery among public nurses?

1.5 THE VARIABLES OF THE STUDY

It is important to define and identify the variables while designing quantitative research projects. A variable encourage the feeling of excitement in any research than constants. Therefore, it is critical for researcher to clarity about related concepts. Variables can be defined in terms of measurable factors through an operation process. Thus, it will convert difficult concepts into easily understandable concepts which then can be measured, empirically. It is essential to define the term as variables so that they can be quantified and measured. In addition, the independent variable is the antecedent while the dependent variable is the consequent. If the independent variable is an active variable then we manipulate the values of the variable to study its affect on another variable. Therefore, dependent variable is the variable that is affected by the independent variable (Kaur, 2013).

1.5.1 Dependent Variable

The dependent variable in this study is service recovery.

1.5.2 Independent Variable

The independent variables in this study are top management leadership, teamwork, empowerment, training, and commitment of the nurses.

1.6 THEORETICAL FRAMEWORK

Theoretical framework guides the conceptual basis for study which describes how variables relate to one another. Other than that, it provides a logic for predictions about the relationships among the study variables. Theoretical framework for research as a structure that provides "instruction for the researcher as study questions are produced, technique for computing variables are decided and analyses are scheduled". Once data are gathered and investigated, the framework is used as a reflection to check whether the findings agree with the framework or whether there are some variances; where difference exist, a question is demanded as to whether or not the framework can be used to justify them (Imenda, 2014).

There are five independent variables (IV) in this study and one dependent variable (DV). The dependent variable that been used is service recovery among public nurses while independent variables are, top management leadership, teamwork, empowerment, training, and commitment of the nurses. The theoretical framework of this research is shown in the Figure 1.1 which shows the variables that need to be studied.

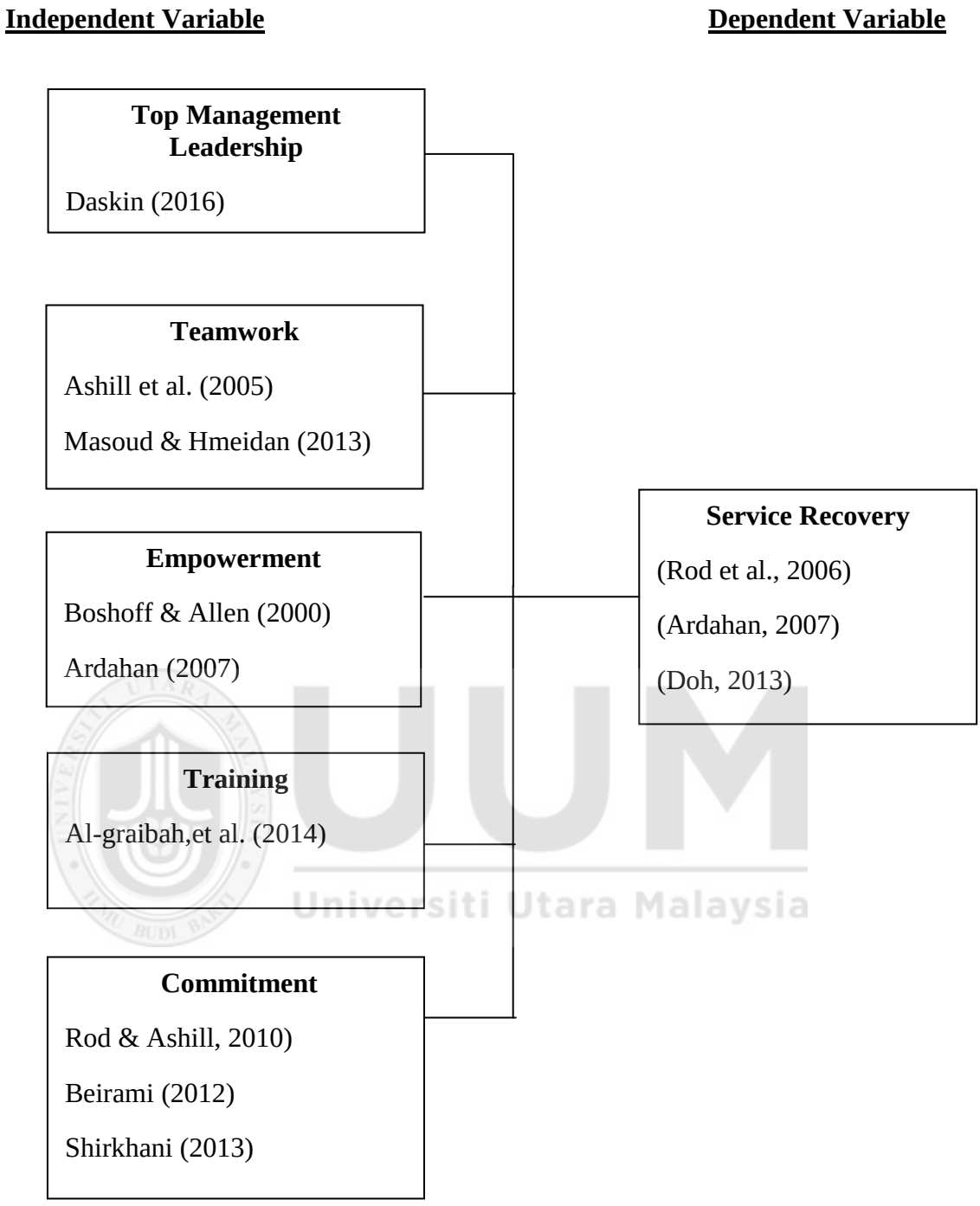

Figure 1.1 : *Theoretical Framework of the Research*

1.7 HYPOTHESES

The hypotheses of this study are as follows:-

Hypothesis 1

There is a significant difference of service recovery between genders.

Hypothesis 2

There is a significant difference in service recovery between ethnic group (H2a), age (H2b), marital status (H2c), religion (H2d), highest level of education (H2e), employment tenure with KKM (H2f), job position (H2g) and department(H2h) of the nurse.

Hypothesis 3

There is significant relationship between the independent variables (top management leadership, teamwork, empowerment, training, and commitment of the nurses) on service recovery among public nurses.

Hypothesis 4

Top management leadership, teamwork, empowerment, training, and commitment of the nurses have significant influence towards service recovery among public nurses.

1.8 SIGNIFICANCE OF THE STUDY

This study is expected to provide some contribution for health care provider especially nurses also the organizational system of health in Malaysia. Besides, this study may provide better understanding for both, the system and nurses toward the factors that influencing service recovery performance in order to identify which factors that really crucial in handling service recovery situation.

Nurse and Other Healthcare Provider

Healthcare provider is a one of the most important and personal services that people can consume. It is a service that people require but do not necessarily desire as it is only sought when people are sick, potentially under stress and therefore emotionally involved. Thus, building a trusting, respectful relationship with every patient encounter through emotional empathy may help lead to increase the rate of recovery.

Failure during service delivery can give huge impact towards patient and also the hospital's image. It is important for the nurse and other healthcare provider to understand the factors that influence service recovery performance to ensure that each service failure could be handle affectively. This research also provide clear information towards which factors that influence the most towards service recovery performance which can help nurses to evaluate themselves and make adjustment in their daily routine.

An organizational or system perspective

The recent research study illustrate an approach which determined failure and poor service from the point of view of an organisational or systems perspective that examines nursing and patient safety in terms of a nursing service. Thus, nursing and failures in patient can be understood that was not only related to individual accountability, motivation, or goals but also towards organisation's members and leaders. Therefore, it is important for the organization or the system to understand the factors that will influence service recovery performance among nurses.

These structures and systems may include organisational features such as the formal allocation of work, administrative mechanisms to control and organise work activities and the identification of the role members play in the system. In addition, an organisation perspective allows exploration of how a nursing service and the organisation influenced by the environment in which it operated. Furthermore, this study will knowledge the management team especially the top management to reflect on their current leadership practice.

1.9 CHAPTER CONCLUSION

In this chapter, the specific components are being justified to determine the factors that affecting service recovery among nurses in government hospitals in Pulau Pinang. The significance of the study was identified and mentioned while other segments such as theoretical framework, research objectives and hypothesis were also have been highlighted.

CHAPTER 2

LITERATURE REVIEW

2.0 CHAPTER INTRODUCTION

This chapter provides general conceptualizations of the main variables. All variables including dependent and independent variables in this study are being explained and justified through the review from the previous study.

2.1 SERVICE RECOVERY

According to Andreassen (2000) service recovery refers to the acts a supplier shows in order to face dissatisfaction. Besides, service recovery also used as a response towards poor service quality such as service failure. There are three categories of service recovery. Firstly, the purpose of service recovery is to achieve customer satisfaction (Pina et al., 2014), to improve process, and for the need of internal marketing strategy (Li, 2010). However, Daskin (2016) stated that the most important element in the service industry is the service provider itself. Thus, service organizations are critically needed to explore their employees' expectation in enhancing their motivation and retention since motivated and satisfied employees are likely to patronage the firm again and again.

Previous researcher agreed that todays' customers are more assertive, better informed and more demanding when service problems occur. Consequently, this may happen due to the increasing of customer demand for value in the services and products purchased. Besides, the results for customer demands for value lead to a stronger focus on a combination of fair price, good service and quality in the purchases they make (Hoffman, Kelley, & Rotalsky, 1995). However, a study conducted by Ennew & Schoefer (2003) stated that it is inevitable to avoid service failure completely in any organization. Service failure can occur when service organization fails to convey the service as the individual customer's expectations.

Study by Ashill et al. (2005) makes an important and clearly articulated contribution to understanding the determinants of service recovery in a public healthcare environment. Empowerment, teamwork, role ambiguity and organizational commitment are significant predictors of service recovery performance by frontline hospital staff. This proposed that healthcare management should explicitly design and establish various organizational policies such as employee empowerment, education/training and role responsibilities in order to develop a system that will facilitate a service orientated environment and service recovery performance.

2.1.1 Service Recovery Management

Michel, Bowen, and Robert (2009) argue that service recovery often fails because of unresolved strains found between the contrary perspectives of process recovery, customer recovery, and employee recovery. Therefore, effective service recovery needs integration between these different perspectives. According to Nwokorie (2016) it is the responsibility of the service provider to provide instant measure to ensure that the proper outcome is accomplished and consequently corrects the failed process so that failure does not happen again in future. Some researchers convinced that service failure should be handled immediately by a service provider since it can lead to customer defection and can be costly (Alfansi & Atmaja, 2008).

According to Michel et al. (2009), there are numerous management literature that focuses on service provider (employees) and how to prepare them to get back from service failures. This situation assembles on employee recovery perspective. Therefore, there are some key success components associated with each (customer recovery, process recovery, and employee recovery). Previous researcher agreed that employee training is a major need in order to upgrade service recovery. The ability, confidence and capacity to improvise is an efficiency that can be enhanced with preparation and training. Furthermore, employees should be provided with guidelines about ways to take specific actions in various situations. Managers themselves necessarily need to acquire attitudes and foster organizational cultures to increase service recovery not only in spontaneous ways but also creatively (Fan, Yul, Joong, & Kim, 2013).

Managing service quality with the combination of the important role taken by customers in the service production processes are always challenging. It gives obvious signals that customer loyalty contributes on profitability, and consequently makes complaint management as a critical "moment of truth" for service organizations. Therefore, the organization will increase their efforts to maintain and acquire customers through satisfying them. Sometimes the expected or received service does not appear to satisfy the customer which lead into customer dissatisfaction (Ofori-okyere & Kumadey, 2015). In service recovery management, service providers have to commit their efforts to discover the solutions aimed at recovering retaining customers and service failures. Various issues was been covered from previous research in service recovery, ranging from recognizing effective recovery initiatives (Huang et al., 2014).

2.1.2 Service Recovery in Customer Perspective

From a customer's perspective, a business organization's capacity to retain constant quality of service appears as firm's capability to deliver its promised service is crucial. In addition, the high level of human participation in both consumption and service production lead to unavoidable mistakes (La & Kandampully, 2004). Study by Stratemeyer and Geringer (2014) mentioned that a service environment that lacks problems is desirable. On the other hand, customer will change the service provider if they feel unsatisfied with the service consumed (Pina et al., 2014). When customer faced service failure, they will be disappointed but if the customers have to experience an unsuccessful service recovery. (Fan et al., 2013).

According to Wagner, Bolton, and Smith (1999), customers often excessively react to service failures, thus, it is crucial that the effort for recovery from the organization's to be equally effective and strong. In addition, many researchers studied the influence of customers' justice evaluations on commitment, satisfaction, and trust, after a service complaint experience. Other researchers stated that features of original service result have a strong consequence on consumers during their preliminary experience. Therefore, the service recovery activity dimensions can be assumed as importance when consumers have something to complaint. Determining overall satisfaction may be different for both original service and service recovery that plays different roles (Spreng, Harrell, & Mackoy, 1995).

2.1.3 Service Recovery in Service Provider Perspective

Some researchers argued that the prime purpose of service recovery is to help enhancing improvement through an organisation that lead both, to decrease failures in the future in order to reduce dissatisfied customers and also for cost reductions, through the elimination of inefficient and ineffective processes (Johnston & Michel, 2008). Abundance of opportunities can be taken by the service companies that resolve problems by gaining loyal customers even though poor service delivery may initially arise as a tragedy. Indeed, angry and frustrated customers can turn into loyal ones when there is effective customer complaint handling or service recovery by the companies (Boshoff & Christo, 1997).

Hoffman et al. (1995) mentioned that by upgrading a company's customer retention rate by 20 percent, the effect on profits is the same as deducting costs by 10 percent. It is crucial that managers established service recovery plan to overcome failures when they occur and cautiously go through failure and recovery affair. Besides, it is considered crucial for service organizations to study their employees' expectation in stimulating their motivation and retention because better improved service will be provided by satisfied employees (Daskin, 2016). However, employees usually face strict restrictions of what action can be taken to recover customers. Furthermore, service employees often stay on the bottom of the organisational level, whereas customers have great control over the service company where they are free to spread negative word of mouth or even move to other service company.

According to La and Kandampully (2004) service providers cannot confirm that there would free of variation in their service outcomes. Furthermore, the heterogeneity of service workers contributed to the imbalance in service quality because most services are produced and delivered by human servers which vary by time. Consequently, quality assurance is considerably more difficult to achieve in services than it is in manufacturing. Kasekende, Munene, Omuudu, Joseph, and Ntayi (2016) also agree that to eliminate the probability of service errors and recoveries is almost impossible because complete elimination of human/service mistake is not achievable, particularly in industries where human interference are frequent.

2.2 TOP MANAGEMENT LEADERSHIP

According to Jane and Pelletier (2013) leadership within the context of follower perceptions is a social construction and they are likely to influence their behaviors. There is also some consent that leadership is the process of guiding the activities of an individual or group in efforts towards goal achievement in a particular situation. Previous researcher agreed that the only definition of a leader is a person who has followers (Tripathi, Prabhakar, & Liffle, 2015). Organizations long-term goals allow organizations more time to discuss a vision and the outcome, while strong cultures make them a "special place to work". Managers do not need to build their character through recruiting and retaining people who already share the core values (Kantabutra, 2011).

Zwikael (2008) mentioned that higher level of project success can be gained with extra contribution of top management practiced in an organisations. However, it is important to identify the most effective support processes for different project scenarios while there is executive limited resources and time. Previous researcher came out with a framework for leadership development which is adaptable in that he draws variance between "management development", "leader development" and "leadership development". Some scholars also argue that management development has mainly a training orientation, distinguishing it as the application of proven solutions to known problems. Furthermore, leadership development is a more collective process toward building capacity in anticipation of unforeseen challenges whereas leader development focus on fostering the individual to think and act in new ways (McGurk, 2009).

Based on previous research by Daskin (2016), leadership had significant positive impact on ethical climate and service recovery. Some leadership style adopts to generate a working environment where gives vision and sense of mission. Furthermore, leadership effort in including employees into the decision making process and encouraging them for individual initiatives may be accepted by the employees as important indicators of service recovery.

2.2.1 Management Development

According to Ruth (2008) management development is defined as in model: "all on-the-job and off-the-job activities, structured and unstructured, formal and informal, that are undertaken to develop management expertise". There is a general trend concerning management development as market-driven and increasingly common expectations of managers across the world, with corporate cultures possibly becoming more influential than national cultures. However, there is not much existing study on execution about the quality and outcomes of training and development. Consequently, previous scholar mentioned that business organisations pay massive amount to have management development specialists to provide them with a different set of principles and tell their management team (supervisors and managers) that the business is being wrongly conducted (Conant, 1991).

Mumford (1984) stated that here have been other significant developments in the understanding of what effective managers should actually do. However, it seems that important identification of what defines effectiveness in management have not been clearly shown on how to produce effective management development processes. As stated by Beckhard (1985), a deep study of the business goals and organisation requirements at all levels describe management development as a function as follows; undertakes to forecast needs, skill mixes and profiles for many positions and level (i), undertakes to design and recommend the professional, career and personal development programmes necessary to ensure the achievement of the competence required by the organisation (ii), and undertakes to move from the concept of management to the concept of managing (iii).

O'Connor, Mangan, and Cullen, (2006) stated that managers carry the culture of their organisation with them into their management development intervention, and this indeed highlights how the management development arena is useful in understanding how management learning was influenced by organisational culture. The statement can be relate with study by Garavan and Barnicle (1997) that mentioned, managerial workforce is generally known as a critical resource who have the ability to disclose the potential in all other factors of production.

2.2.2 Leader Development

A leader's on an enterprise have influence and control that is very crucial in the survival and development operation. It can be found that a leader's power and prestige in an organization is indisputable. Besides, executives and staff have a high compliance and identification with their leader, which can be notice from real cases of successful leaders (Zhan & Kim, 2015). According to McDermott, Kidney, and Flood (2011), the differences between leader and leadership development are marked. In particular, previous researchers draw that leader development focuses on individual model of leadership, human capital, an intrapersonal competence base and is underpinned by core personal skills that include self-regulation, self-motivation, self-awareness, and a shift towards relational dialogue, rather than a traditional stresses on personal power.

To create or maintain an effective organization, it is critical for a leader to have an ability to communicate effectively with their subordinates. The study by other scholars concerning leader-member relationships has developed more understanding of how leaders create productive relationships with their subordinates to reach this goal (Harvey, Martinko, & Doughlas, 2006). Other than that, Clerkin and Ruderman (2016) mentioned that leaders play a key role in sustaining, modelling, and supporting healthy method to bear with a rising potentially unhealthy work environment. The researcher also believed that leader well-being practices can be stimulated through leader development. Besides, leader development can be defined as the expansion of a person's capacity to be effective in leadership roles and processes.

2.2.3 Leadership Development

A study conducted by Dalakoura (2010) stated that leadership development embraces the development of a collective and broader framework in which leadership is prospered in practice. It is important that all employees be provided with leadership skills because leadership roles and processes are crucial in creating alignment, setting direction, and fostering commitment in groups of people (Amagoh, 2009). Organizations that go for effective leadership development, their efforts can be priceless when they developing leaders that think strategically which lead to a competitive advantage (Singh & Leskiw, 2007). However, leadership arrival seems to be particularly difficult to foresee in groups that deficiency in hierarchical structure and a history of communication among members (William and Murfield, 2014).

Both the economic model together with behavioural perspective investigate leadership as a character whose aim to accommodate an organization to adjust. Therefore, it shows how an individual performing leadership can help an organisation to influence adaptive change (Kottke and Pelletier, 2013). Ross (2014) mentioned that leadership requires the individual employing responsibility and control over their personal activities. While taking this responsibility, self-directed initiatives are represented by the individual's. Reflections of experiences foster confidence and cognitive awareness. Besides, learning from experiences such as work-related challenges converted into more practical leadership abilities (Solansky, 2014).

2.3 Teamwork

According to Adebanjo and Kehoe (2001), teamwork and customer focus are critical features of total quality. Identification of management impulse and team efforts are critical in attracting employees to engage in teamwork. The most familiar rationale for failure of employees to participate in teamwork is negative influence of company politics and lack of time. Study made by Adebanjo and Kehoe (2001) agreed that teamwork is a disciplined and focused way of working which may be described by the following characteristics:

I. **Relationships**. Teams work through face-to-face relationships between people in specifically formed groups. There is a link between the quality of relationships and the team's performance.

II. **Social.** People like to aggregate in groups, and teams represent units of social interaction and potential sources of satisfaction at work.

III. **Purposive.** Team members interact with one another for the purpose of performing to attain a common goal. A common source of team failure is that team members interpret the task in different ways, so that outcomes or methods are not clearly apparent to the whole team.

IV. **Culture.** Effective groups, including teams, generate their own rules, procedures and culture. The term "groupthink" describes those shared values and opinions that can be a source of innovation or may act as a barrier to organizational change.

Teamwork is not the cure for problems in organization. However, bad implementation of teamwork destroys decision rights and individual responsibility while autocratic management has used teamwork as a camouflage (Nurmi, 1996). The establishment of teamwork indicates an action toward a smoother structure through more empowered staff. The concepts of authority and teamwork looks like mutually exclusive, that it may results in corrupts or discourage the other (O'Sullivan, 1996). Besides, Atkinson (2006) stated that increasing level of involvement by the workplace members influenced by knowledgeable management that actively supporting it, at the right time. Positively choosing team players for new staff recruitment, induction processes prioritize team working, and workplace team building activities are then common characteristics.

Research by Ardahan (2007) revealed that team work were found to exert positive influences on the service recovery. Ashill et al. (2005) also agreed that teamwork is significant predictors of service recovery. Teamwork has shown positive effects on organizational performance. On the other hand, although teamwork is seen as the main tool for solving problems, it is also considered to be the reason of many failures.

2.3.1 Effective Teamwork

Effectiveness is a measure of the way which resources can be used in an organization; the sensible utilization of people, marketing, capital, production systems, research knowledge and intangible assets. Other researchers argue that effectiveness is the level of consistency between desired and actual outputs (Ingram, Teare, Scheuing, & Armistead, 1997). Meanwhile, team effectiveness is defined as performance and employee satisfaction. Other scholar defines it as the degree to which a group's output meets requirements in terms of quality, timeliness (performance) and quantity. In the other words, timeliness is where the group experience leads to individual satisfaction, and the group experience upgrades its members' capability to work as a group in the future (Ruiz & Adams, 2004).

Some business writers suggest that effectiveness as a measure of the way which resources can be used in an organization such as for the judicious utilization of people, marketing, research knowledge, capital, intangible assets and production systems. Other writers emphasize how effectiveness is significance to organizations, in terms of both organizational inputs and outputs (Ingram et al., 1997). Organizational cultures and sub-cultures and traditional management structures may provide opportunities or exploit certain limitations on the way that the team operates. The researcher also proposes that teamwork grows in organizational environments where organizational cultures and management systems are organic (Stranchan, 1996).

2.3.2 Teamwork and Leadership

Shetach and Marcus (2014) mentioned that there has been a gradual shift toward the increased use of teamwork as organizations continue to compete globally, where it is for leverage knowledge, information and resources. Instead of hoarding all the power, the idea of allocating power among all of the individuals is more relevant today. The culture of traditional workplace dynamic can make it tough for the concept of leaders for distributing and sharing power with followers to be accepted. Companies' practices in upgrading the teamwork activities may influence the performance of organization tasks. However, most managers spend very limited period of their working time in some type of teamwork activity where teams are actually the backbone of organizations. They can generate more and better solutions to problems than individuals can (Ramli, Bakar, & Pakir, 2014).

In service industry, it is a critical skill for the team leader to identify what motivates their team and get the best for the customer. In the other words, recognizing how to make certain that everyone feels that they have a vital contribution to make in serving the customer and how to get the best out of your team (Macaulay & Cook, 2013). The leadership style used when leading a group or team may affect communication, reaction, connection, and learning outcomes of the members. Researcher also identified how leadership styles affect team member learning and the most familiar leadership styles in teams which are transformational, ambidextrous and transactional (Chin, 2014).

2.4 EMPOWERMENT

Past studies have directly discussed the relationship between service quality and employee empowerment (Tsaur, Chang, & Wu, 2004). Empowerment becomes a very important issue to organizations producing services. Therefore, employees and customers are involved concurrently in the delivery of the service. Employees are responsible for the quality of service delivered to the customers because of the incapability of the management to control the service delivery. Thus, the management has to provide the employees with necessary support and the authority to succeed at it (Peters & Silvia, 2008).

Beirami (2012) mentioned that empowerment is related to job satisfaction which consequently have significant impact on service recovery. By empowering employees, management relinquish control over many aspects of the service delivery to frontline employees who, because of their boundary spanning roles, can provide quick and appropriate responses to dissatisfied customers. In addition, in establishment where customer service orientation understanding is dominant, empowerment of employees will increase the quality of service offered to the customers (Ardahan, 2007).

2.4.1 Employee Empowerment

The organizations' capability to increased performance and achieved competitive advantages by empowerment can be clarified by employees who adapt the service accordingly to respond instantly to special customer needs (Baumgartner, 2014). Besides, Hafiez et al. (2014) has stated that empowerment has came out as an crucial element within contemporary organizations where encouragement and real supports are given the freedom to gained the ability to realize organizational goals and get a job done. In addition, vicious competition among service providers and service firms lead to constant struggles to provide and deliver finer quality of customer relationships (Timothy, 2013). This statement has been agreed by other researcher that stated the rising competition and resources in the hospitality industry and the growth of distinctive services has forced holders to continuously pursuit for competitive advantages (Wamuyu, Gichira, & Wanjau, 2015).

The empowered employees might show the customer-oriented service behavior, because they possess more elasticity and capability to match the changeable need of customers. Consequently, in service encounters, the empowered employees would present appropriate and flexible service behaviors towards customers (Tsaur et al., 2004). Employees should have the right ability, flexibility, and power to be engaged in customeroriented behavior. Employee empowerment is one of the most effective tools to satisfy and service customers. In other words, empowerment emerges to give subordinates more control over job-related situations and decisions, which allows them to have more flexibility and responsibility with respect to various customers' needs (Elnaga & Imran, 2014).

2.4.2 Customer Empowerment

Services innovation encourages the design of new services and enhancements in service delivery systems. Besides, other researchers stated that customer empowerment is an important customer linking activity that shapes customer-firm interactions. Importantly, given that customer satisfaction has been given a high research priority it appears problematic that less attention has been given to how market orientation contributes to customer satisfaction (O'Cass & Viet Ngo, 2011). Furthermore, Saarijärvi, Karjaluoto, and Kuusela (2013) proposed that customers would increasingly use new digital communications channels to manage their relationships with firms. Social customer relationship management highlights the significance of optimizing customer experience by placing greater priority on the growing number of customer touch points with the company.

Consumer empowerment is the process by which consumers are given control of variables that are conventionally pre-determined by marketers. Consumer empowerment literature assumes that consumers want to have more control in their relationships with producers of goods and services and they feel and act more in control during marketing exchange processes when empowered (Joosten, Bloemer, & Hillebrand, 2016). Niininen, Buhalis, and March (2007) proposed that companies that focus on the relationship between its individual customers and the organisation are embracing the soul of the marketing concept. According to Ouschan, Sweeney, and Johnson (2006) the potential benefits to be acquired from customer empowerment warrants research is to explore strategies that organizations can use to empower their customers.

2.5 TRAINING

As companies must work harder to satisfy their value-driven customers, more significance is being placed on the process of finding, training, and keeping those who can provide extraordinary service. This does not necessarily mean employers are looking for workers with advanced levels of education, experience or technical expertise (Kuemmler & Kleiner, 1996). Employers sometimes tend to express dissatisfaction with training provided by external providers. There are some difficulties with on-the-job training. However, in the service industries, performing a task publicly with insufficient skill jeopardises service quality, and can demean and embarrass employees (Smith & Kemmis, 2010). The overwhelming consensus in the literature was that more than any other organization characteristic which shows that an organization's culture was the key to a competitive advantage (Appelbaum & Fewster, 2004).

Training is at the forefront of organizational priorities, and innovation in training is one of the most crucial aspects of the quality improvement. Most managers believe that a good training program is crucial to a company's success (Lin & Darling, 1997). Customer service is starting to mean help the customer deal with more complexity and larger problems. However, if employers expect the employees to do what they do not know how to do, the customers who pay the short-term price while the company will pay the long-term price if the company lose customers. Company may choose to spend more money on training employees to keep current customers or spend more advertising dollars to attract new customers (Bushardt, Fretwell, & Cumbest, 1994).

According to Shirkhani (2013), well-designed training program helps employees to employ what they have learned. Service literature indicates that employees who have not acquired particular skills to deal with their position are unable to perform their job well and fail to handle customers' complaints. Previous studies also have revealed the importance of customer service training effects on employees' job satisfaction because customer service training leads to develop the skills needed for handling service failures efficiently (Beirami, 2012).

2.5.1 Role of Trainers

The concept of trainer effectiveness is important if trainers are to fulfil their organizational role by linking their skills to the needs of the business. This implies a role centred on improving staff performance within the company through the direct and indirect activities of the training function (Gilleard, 1998). The identified roles provided the basis for the identification of the content of management training courses offered but, more importantly, the trainers were not just expected to prepare the managers for doing a job. Rather the expectations were that management trainers should prepare the managers to perform effectively under formidable and unfavourable circumstances (Analoui, 1994).

The use of a group of internal trainers was considered by the co-ordinators. This model was particularly appealing since the training could be designed with a specific knowledge, and the trainers would understand the needs of the organization. Furthermore, the use of internal trainers would assist in building training into the continued functioning of the organization (Bushardt et al., 1994). Training is a direct, effective way to change behaviour and reinforce new skills and attitudes. Besides, training provides a good way to develop and carry out recommended changes (Leithhead, 1991). The societal norm is different for participants in countries associated with weak uncertainty avoidance: in this situation those undertaking education and training are more comfortable with open-ended learning situations and concerned with good discussions (Thornhill, 1993).

2.6 COMMITMENT

Customer loyalty has been proven to strongly affect profitability that consequently became a top priority in service industries. However, it is a very difficult task to prevent current customers from switching to other service providers (N'Goala, 2007). Besides, traditional firms now compete with online channels of communication that lead into the changes of nature of the competition between service firms because of the role of the new information and communication technologies (Álvarez, Casielles, & Martín, 2009). The concept of commitment plays a central role, as it is a major characteristic of relationship marketing models. Commitment refers to an implicit or explicit pledge of the continuity of a relationship between exchange partners (Wetzels et al., 1998).

According to previous scholars, one of the key elements in the operation of a successful hospitality business is the employees itself, which the main drivers of competitive advantages in the hotel industry. Having the right employees can greatly enhance the likelihood of success for any firms (Davidson, 2003; Karatepe et al., 2009; He, Li, & Lai, 2011). However, it is important to acknowledge that employees may display a commitment to providing quality service without being committed to the organization (Worsfold, 1999). Some studies have agreed that employees satisfaction is critical because customers satisfaction can only be gained if the employees are content, while job satisfaction is found to be related to organizational commitment (Lam & Qiu Zhang, 2003).

Rod and Ashill (2010) mentioned that workers that are committed to their organizations perform to a higher standard and with higher perceived service quality. In the context of service recovery, the more committed the employee is, the more successful the employee should be in addressing service failure.

2.6.1 Affective Commitment

Organizations need to emphasize the need to gain employees' affective commitment to avoid the loss of both tangible and intangible knowledge, and to retain the employees. Organizations that generate high levels of affective commitment from their employees they can attain many positive benefits in terms of reduced turnover levels, increased loyalty and in employees being more willing to produce discretionary effort for the organization (Martin-Perez & Martin-Cruz, 2015). In particular, affective commitment has been found to be positively related to job performance. Employee who enjoy their organizational membership for example experience a relationship characterized by mutual trust and long-term dedication, are thought to experience stronger organizational commitment (Morin, Vandenberghe, Madore, Morizot, & Tremblay, 2011).

Previous researcher found that employees who believed that their organizations are supportive would feel bonded to be loyal to their organizations, and the felt obligation fostered affective commitment (Fazio et al. 2017). The understanding of emotional attachment is associated with positive affect and an overall linking of the target. Furthermore, a defining variable of measuring involvement is the willingness to exert considerable effort on behalf of the target. As seen in the description of involvement, and thus, of affective commitment, the behavioral tendency associated with the mindset is a part of the commitment construction. The behavioral tendency is not equal to the actual behavior, so we do not see it as confounded with the behavioral outcomes of commitment.

Although some studies showed there is no influence of affective commitment on service recovery, but affective commitment reflects the positive and goal-enabling assessment of customer service employee's work environment because it shows how well they are rewarded by their organization (Piaralal, Bhatti, Piaralal, & Juhari, 2016).

2.7 CHAPTER CONCLUSION

This chapter explained service recovery and the factors might influence service recovery among service provider. These factors are top management leadership, teamwork, empowerment, training, and commitment.

CHAPTER 3

THEORETICAL FRAMEWORK AND RESEARCH METHODOLOGY

3.0 CHAPTER INTRODUCTION

This chapter will describe the research framework, hypotheses development, research approach, research subject, questionnaire design, data collection method, and other statistical method. This chapter will highlight the questionnaire measurement related to service recovery performance and the factors.

3.1 RESEARCH DESIGN

The research design for this study took the form of a correlational and causal. Survey is a form of analysis where studies are done on institutions and from the study, data generalizations and inferences are drawn. Survey method allows for generalization of findings but it is also describe the relationship in nature which suites the purpose of this study. Furthermore, causal design will help this study to find the most influential factors towards service recovery. The research design to be used in the research is survey method using questionnaire. The questionnaire is used to collect primary data from the respondent (Andrews-evans, 2012). Study by Krosnick (1999) stated that social psychologists are concerned in understanding the way people influence, and how their social environment influenced them. The researcher also suggesting that survey research can be valuable to benefit other researcher in gathering information.

3.2 POPULATION AND SAMPLING

A population is all the individuals or units of interest; typically, there is not available data for almost all individuals in a population (Hanlon & Larget, 2011). This study only focused on public nurses in the district of Pulau Pinang Mainland that were chosen as a sample in this study. Data from Penang Health Institute shows that there are total of 4489 nurses from the public hospitals in Pulau Pinang (Ministry of Health Malaysia, 2017). In this study, 368 nurses were selected using simple random sampling.

3.2.1 Sample Size

According to Krosnick (1999) a sample of elements (e.g., public nurses) is drawn from a well-defined population (e.g., public nurse in Pulau Pinang). The number of sample size can be determine through a table by Krejcie and Morgan (1970) that simplify the process of sample size formula for determinate population. The sample size according to the table is 354 respondents for 4489 population size. However, number of sample for this size is higher than suggested by Krejcie and Morgan (1970) which is 368 respondents.

Table 3.1
Krijcie and Morgan population Table

Population Size	Sample Size
3500	346
4000	351
4500	354

Source: Krejcie and Morgan (1970)

3.2.2 Sampling Design

The sampling technique for this study is convenience random sampling and was conducted in Public hospitals in Penang Mainland. According to Fox and Hunn (2009), if selections for sampling are made absolutely by coincidental, then this is known as simple random sampling. Furthermore, convenience sampling involved in selecting respondents because it was convenient and they were simply approachable. The method used is sample members were not selected at random from the population (e.g., sample from all the public nurses in selected hospitals) but using certain ways (e.g., select the respondents according to the name list of nurses in each department). Thus, not all population members will had an equal probability of being chosen (Sedgwick, 2013). In addition, convenience random sampling is used to quickly and economically obtain a large number of completed questionnaires.

3.2.3 Unit of Analysis

The unit analysis used in this study is individuals which are public nurses in Penang Mainland that were classified into certain groups (gender, ethnic group, age, religion, level of education, job's position, and the length of service tenure of the nurse as a healthcare provider). According to Sand (2003) as human, nurses are significantly crucial for the quality of health care. Besides, their personalities will affect the character of nursing relationships while their behaviour demands openness to the necessity of others. Healthcare provider's (e.g., nurses) character and behaviour should be studied because their role is very important and will influence the performance and the service quality.

The researcher will use nurses from government hospitals in Pulau Pinang mainland as a subject in this study. Using public nurses is appropriate because the nurses' background here has range of age with stable organizational tenure. Other than that, this group of subject also give services to other people and facing various patients' behaviour every day because their job scope is to provide and coordinate patient's health care. Other than that, most of the nurses have to ensure the service recovery performance is being handled in the right ways for their daily routine. Hence, it is crucial for health care provider to understand factors that influence the service recovery performance.

3.3 QUESTIONNAIRE DESIGN

The questionnaire of this research consists of 43 questions and two sections. In section A there are 9 questions which related to demographic profile measurement. In section B, there are 34 questions that are related to dependent variable and independent variables.

Section A: Demographic profile information

The purpose of section A is to gather information about demographic information of the respondent. The questions asked are related to gender, ethnic group, age, religion, level of education, job's position, and the length of service tenure of the nurse as a healthcare provider.

Section B: Factors influencing service recovery performance

This part of questionnaire consists of 34 elements based on dependent variable and independent variables in the study. This part is to gather information from respondents about the factors that influence service recovery performance which are top management leadership, teamwork, empowerment, training, and commitment of the nurses.

Questionnaire Summary:

Table 3.2
Summary of the Questionnaire

Variables	**N0. Of Items**	**Items**
Section A		
Demographic	10	Section A: Item 1-10
Section B		
Top Management Leadership	5	Section A: Item 1-5
Teamwork	5	Section A: Item 6-10
Empowerment	5	Section A: Item 11-15
Training	5	Section A: Item 16-20
Commitment	6	Section A: Item 21-26
Service Recovery	8	Section A: Item 27-33

3.4 MEASUREMENT OF STUDY

This survey is conducted using six numerical Likert scale. According to Wu (2007), in the social sciences field, Likert scale is a favourable tool to measure constructs such as attitudes, images and thoughts. To smoother the analysis of data, each response classification on the scale is generally allocated successively an integer value. The questions is answered by inquired the respondents to indicate their perceptions or feeling on a scale between two opposing descriptors (agree and disagree). Furthermore, Likert items are used to asses respondents perspective to a definite question or statement. One must put in mind that Likert-type data is ordinal data where we can justify that the distance between the points means nothing while in the other hand, each score is higher than another. The score and scales in this study are shown in table 3.3.

Table 3.3
Measurement Scales

Scales	**Score**
Extremely Disagree	1
Strongly Disagree	2
Disagree	3
Agree	4
Strongly Agree	5
Extremely Disagree	6

Source: Gwinner (2006)

The data in this study were analyzed using "Statistical Package for Social Science" (SPSS) version 2.0 to ensure that the questions are and capable to achieve all the objectives, the questionnaires were adopted from a trusted sources based on previous research on service recovery. Table 3.4 shows the variable and source of questionnaires.

Table 3.4
Source of Measurement Items

Variable	**Source and Year**
Top Management Leadership	Beirami (2012)
Teamwork	Boshoff and Allen (2000)
Empowerment	Shirkhani (2013)
Training	Boshoff and Allen (2000)
Commitment	Doh (2013)
Service Recovery	Shirkhani (2013)

3.5 DATA COLLECTION METHOD

The nurses from government hospitals in Pulau Pinang mainland (Hospital Daerah Kepala Batas, Hospial Besar Bukit Mertajam, Hospital Seberang Jaya) were chosen as respondents in this research. The population of all three government hospitals in Pulau Pinang mainland is 4489 nurses. In this study, 400 questionnaires were distributed using convenience random sampling method among public nurses in Penang Mainland. The samples of respondent are selected by picking up the respondent based on the name list of the nurses for each department (emergency department, cardiology, intensive care unit, paediatric and etc.) to ensure that the questionnaire is distributed to all respondent.

To ensure that the process of collecting data is efficient, the questionnaire will be given to the respondent with explanation about the research to help them understand the questions while answering the questions. The time provided for the respondent to answer the questions is 15 minutes. I will leave the questionnaire in the hospitals along with the reference letter for a week and the questionnaires will be collected after the period. There are 400 questionnaires were distributed and 368 questionnaires were returned and used for analysis.

3.6 PILOT TEST

Pilot test is purposely to ensure that every respondent not only understands the questions, but will understand the questions in the right meaning. Researcher also can see if any questions will make respondents feel uncomfortable or distracted. Besides, pilot test help to find out the period to complete the survey in real time (Tobacco Control Evaluation Centre, 2011). 40 nurses were chosen to participate in the pilot test for this research.

3.7 DATA ANALYSIS

Data collected was both quantitative and qualitative. The qualitative data was analyzed using content analysis. Descriptive and inferential statistics was used to analyze the quantitative data. This study used descriptive and inferential analysis. SPSS software version 20.0 was used for the purpose of data analysis and hypothesis testing. Statistical tools and methods that were adopted from the SPSS include normality test, reliability test, one-way ANOVA, Pearson Correlation Analysis, and Multiple Regression.

3.7.1 Reliability Test

Reliability Test is used to identify the consistency and stability of the data in the study. According to (Beck, 1994) reliability is the degree to which measures are free from error which yield consistent results (i.e. the consistency of a measurement procedure). The instrument is considered reliable if a measurement tool or method consistently allocates the same score to persons or objects with equal values. Reliability requires the consistency, or reproducibility, of test scores. Coefficient alpha is the most familiar method of evaluating internal consistency reliability guesses. There are three different measures of coefficient alpha and the most popular measure is Cronbach's coefficient alpha. Cronbach's alpha provide a measure of the internal consistency of a test or scale which expressed as a number between 0 (A. J. Hoffman & Georg, 2012) and a value of 0.6 or less generally indicates unsatisfactory internal consistency reliability. In the social sciences, acceptable reliability estimates range from .70 to .80.

Table 3.5
Internal Consistency Measurement

Cronbach's alpha	Internal Consistency
a > 0.9	Excellent
0.8 - 0.9	Good
0.7 - 0.8	Acceptable
0.6 - 0.7	Questionnaire
0.5 - 0.6	Poor
a < 0.5	Unacceptable

Source: Gliem and Gliem (2003)

Based on Table 3.6, the results show that the Cronbach's Alpha value obtained for both pilot test and the real test are more than 0.7 (between 0.705 and 0.972). this means that all the items are reliable.

Table 3.6
Reliability Test of Result

Variables	No of Items	Cronbach's Alpha Pilot Test	Real Test
Service Recovery	8	0.972	0.777
Top Management Leadership	6	0.950	0.797
Teamwork	5	0.937	0.808
Empowerment	5	0.705	0.800
Training	5	0.826	0.799
Commitment	5	0.741	0.841

3.7.2 Normality Test

Normality test is used to assess the distribution of data as whole in this study. The normal Q-Q plot is a better option when there are small sample sizes, which refer to an alternative graphical method of assessing normality to the histogram. The data will be considered normally distributed when data points lie as close to the line as possible with an obvious non-linear pattern coming away from the line. Furthermore, Q-Q plots are employed to determine how good a theoretical distribution draws the empirical data (Park, 2006). In this study, normality test is used to show the normality of dependent variable (service recovery) and the independent variables.

3.7.3 Descriptive Statistics

According to Patel (2009) descriptive statistics are often used to describe variables and was performed by analyzing one variable at a time (univariate analysis). Besides, descriptive statistic also provides summaries about the sample and measures. In this study, descriptive is used to describe the characteristics of the population or sample regarding to their demographic background, for example, gender, age, ethnic group, religion, duration of service, level of education and department they are working for.

3.7.4 Independent Sample T-test

T-test is used to compare means of two groups (Stata & Park, 2005) and according to Jones, Schlomer and Christine Bracamonte Wiggs (2014) t-tests is a type of inferential statistic that provide an analysis which goes beyond than describing the numbers provided by data from a sample only but also seeks to justify conclusions about numbers among populations. In this study, T-test will analyze the differences between male and female in service recovery among public nurses.

3.7.5 One-Way ANOVA

In this study, ANOVA is used to determine whether there is any significant relationship between independent variables (top management leadership, teamwork, empowerment, training, and commitment of the nurses), and age, ethnic group, level of education, departments or period of service of the respondents. ANOVA is an appropriate test for hypothesis testing when there are more than two groups measured on an interval scale. While One-way ANOVA is a single-factor, fixed-effects model to compare the effects of one factor and exactly identical to the t-test and will show the same p-value (Freeman, 2015). This means that One-way ANOVA is used to determine the variability of the sample values by looking at how much the observation within each group varies as well as how much the group means varies.

3.7.6 Pearson Correlation Analysis

Pearson Correlation was seen as appropriate to analyze the relationship between the two variables, which were interval-scaled and ratio-scaled. Furthermore, correlation coefficients reveal magnitude and direction of relationships, which are suitable for hypothesis testing. The researcher used Pearson correlation to test the independent variables (top management leadership, teamwork, empowerment, training, and commitment of the nurses) that influenced service recovery and to test if a relationship existed between the independent and dependent variables (Gogtay & Thatte, 2017).

3.7.7 Multiple Regression Analysis

Regression is a statistical technique that permits the researcher to examine the relationship between a single dependent variable and several independent variables. In this study, regression analysis was used to assess the relationships among nurse's demography profile, top management leadership, teamwork, empowerment, training, and commitment of the nurses (independent variables), service recovery performance (dependent variable). Before conducting the multiple regression analysis, several main assumptions were considered and examined in order to ensure that the regression analysis was appropriate (Azuizkulov, 2013).

3.8 CHAPTER CONCLUSION

This chapter is related to the research design in this study. The questionnaire design, sampling techniques, pilot test and data collection technique are being explained. In the next chapter, the hypothesis testing and all results of this study will be discussed.

CHAPTER 4

FINDINGS

4.0 CHAPTER INTRODUCTION

The results of this study will be discussed in this chapter. This Chapter consist of (i) Descriptive statistic of data, (ii) Independent sample T-test, (iii) One way analysis of variance, (iv) Hypothesis testing, (v) Regression Analysis and (vi) Conclusion. Several statistical methods are used for analyzing the data. The methods includes:

- Normality Test
- Descriptive Statistic (frequencies and means);
- Mean and standard deviation;
- One- way ANOVA;
- T-test;
- Correlation Analysis;
- Regression Analysis

4.1 NORMALITY TEST

Normality test is used to determine whether the "error components in the abstract theoretical model for the test are independent and identically distributed normal random variables". Quantile-Quantile plot or more known as (Q-Q) plot is the most common graphical tool to assess the normality of the data. In a Q-Q plot quantile values of a theoretical distribution are plotted against quantile values of the observed sample distribution (x axis). The quantiles of the theoretical normal distribution are used in a normal Q-Q plot (Totton & White, 2011). The data of this study is normally distributed as shown in Figure 4.1 to Figure 4.6.

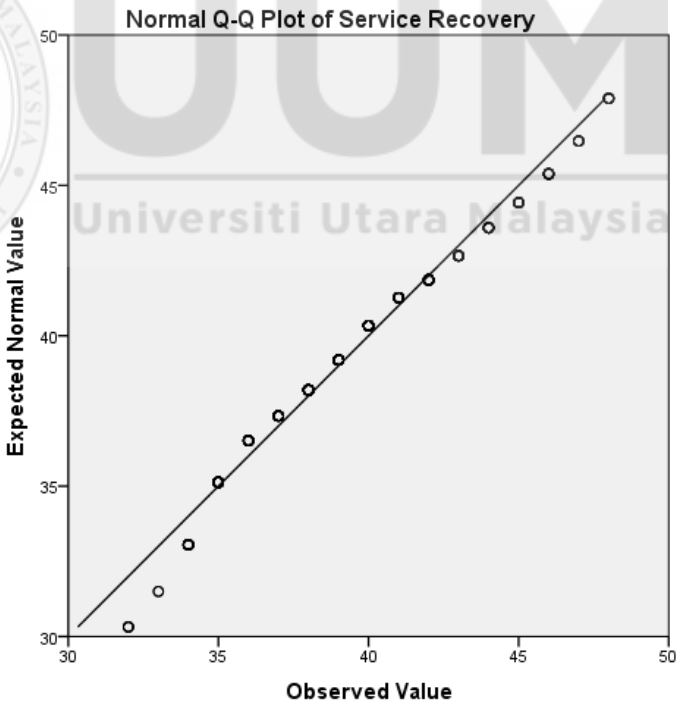

Figure 4.1
Normal Q-Q Plot of Service Recovery

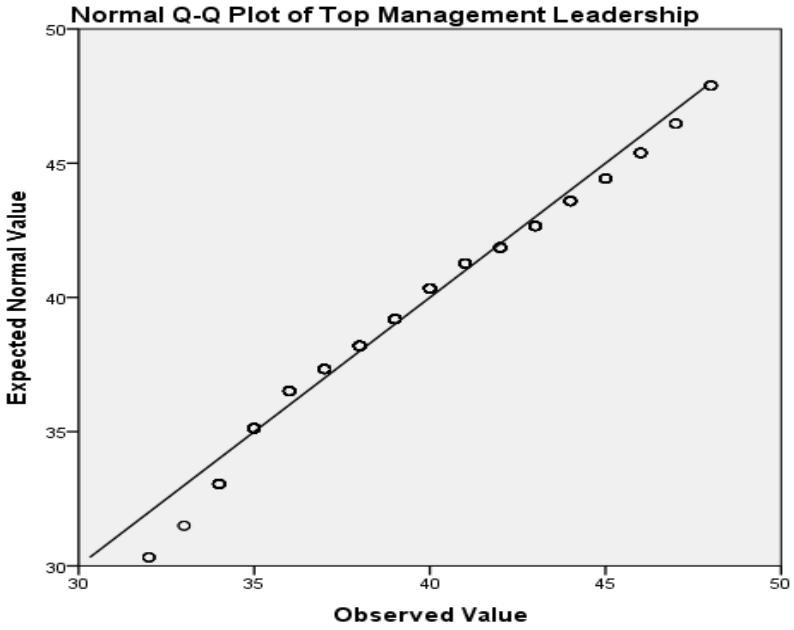

Figure 4.2
Normal Q-Q Plot Top Management Leadership

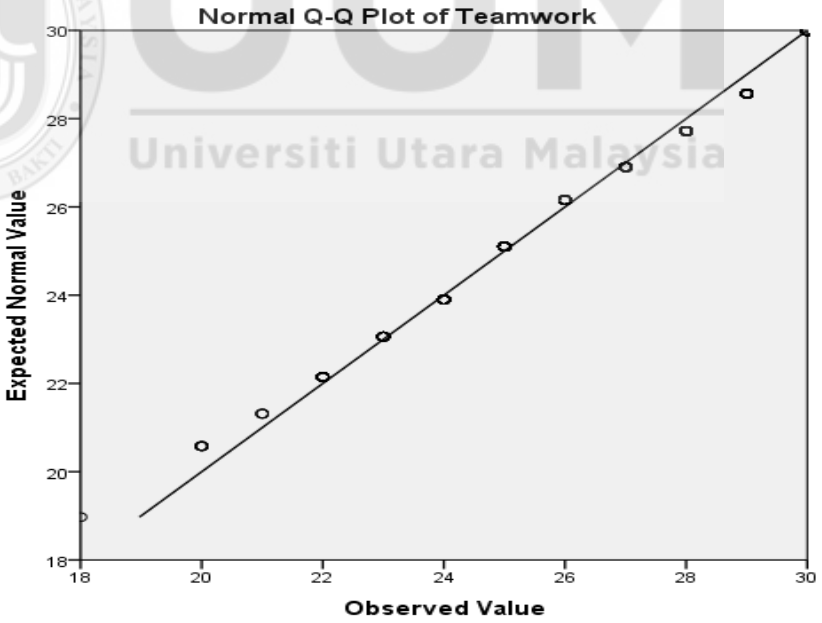

Figure 4.3
Normal Q-Q Plot Teamwork

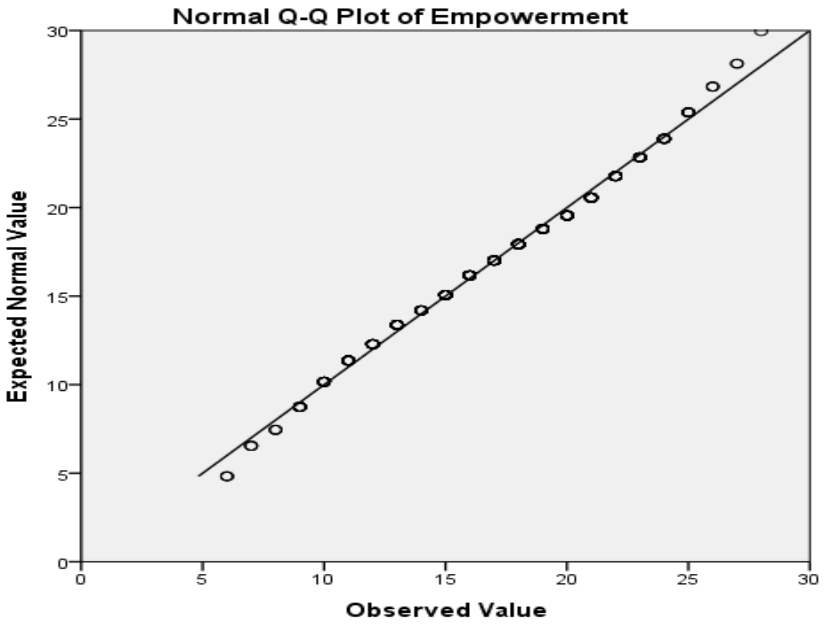

Figure 4.4
Normal Q-Q Empowerment

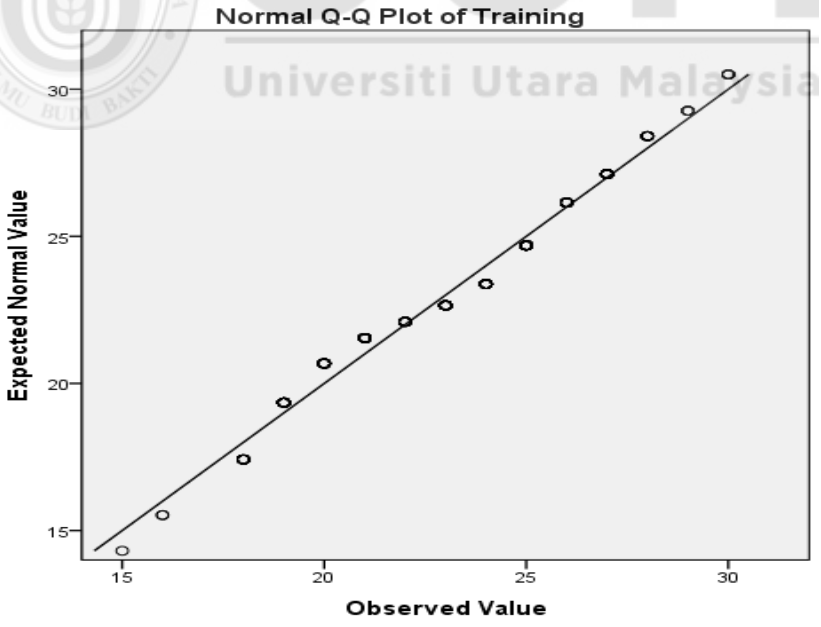

Figure 4.5
Normal Q-Q Plot Training

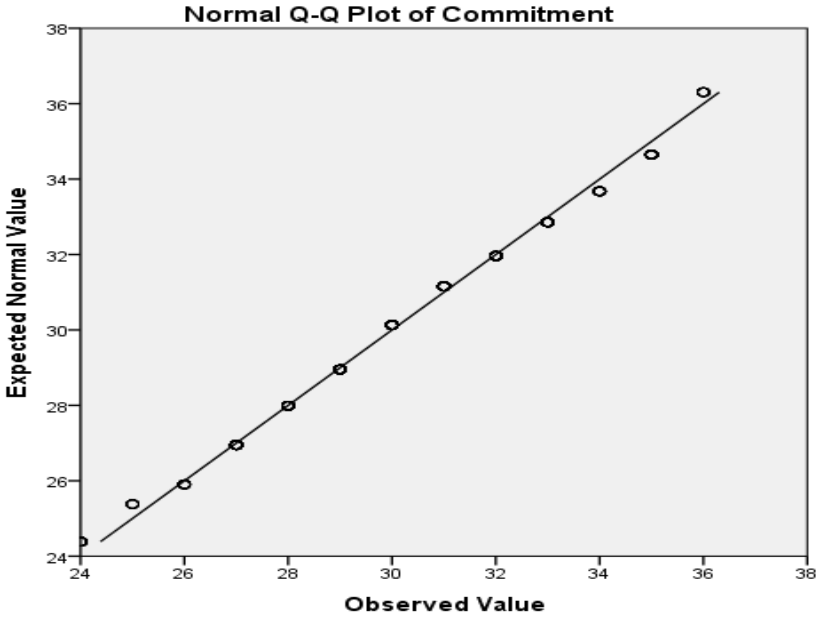

Figure 4.6
Normal Q-Q Plot Commitment

4.2 DESCRIPTIVE STATISTIC

Descriptive analysis is useful in this research in order to obtain respondent's demographic information such as their gender, ethnic group, age, marital status, religion, highest education level, employment tenure with KKM, and their department.

4.2.1 Gender of Respondents

The gender of respondents is shown in Table 4.1. Majority of the respondents are female (363 respondents or 98.6%) while there are only 5 male respondents (1.4%)

Table 4.1
Gender of Respondents

Gender	No. of Respondents	Percentage (%)
Female	363	98.6
Male	5	1.4
Total	**368**	**100**

4.2.2 Ethnic Group of Respondents

Table 4.2 shows the ethnic group of respondents. There are 352 numbers of Malay respondents (95.7%). Chineses with 10 respondents (2.7%) and 5 respondents who are Indian. Only one respondent with other ethnic group.

Table 4.2
Ethnic Group

Ethnic Group	No. of Respondents	Percentage (%)
Malay Chinese	352	95.7
Indian	10	2.7
Other	5	1.4
Total	**1**	**0.3**

4.2.3 Age of Respondents

Table 4.3 shows the age of respondents. The highest number of respondents is between 36 to 40 years old (114 respondents or 31%). The second group of respondents are from the age group of 41 to 45 years old (80 respondents or 21.7%), followed by the age group of 31 to 35 years old (74 respondents or 20.1%). In addition, there are 38 respondents with age between 25 to 30 years old (10.3%) and 12 respondents with the age above 50 years old (3.5%).

Table 4.3
Age

Ethnic Group	**No. of Respondents**	**Percentage (%)**
25-30	38	10.3
31-35	74	20.1
36-40	114	31
41-45	80	21.7
46-50	49	13.3
above 50	13	3.5
Total	**368**	**100**

4.2.4 Marital Status of Respondents

Table 4.3 shows that married respondents have the highest number which is 352 respondents (95.7%), 11 respondents (3%) that are single while the other 5 respondents (1.4%) are divorced.

Table 4.4
Marital Status

Marital Status	No. of Respondents	Percentage (%)
Single	11	3
Married	352	95.7
Divorced	5	1.4
Total	**368**	**100**

4.2.5 Religion of Respondents

Based on Table 4.4, number of Muslim respondents covered the highest number of percentage which is 354 respondents (96.2%). Eight respondents are Buddhist (2.2%), five are Hindus (1.4%) and one respondent is Christian (0.3%).

Table 4.5
Religion

Religion	No. of Respondents	Percentage (%)
Islam	354	96.3
Christian	1	0.3
Buddha	8	2.2
Hindu	5	1.4
Total	**368**	**100**

4.2.6 Highest Education Level of Respondents

Based on Table 4.6, most respondents have Diploma as their highest education level with number of respondents of 236 respondents (64.1%) followed by Nursing Certification with 111 respondents (30.2%), 16 respondents with SPM level (4.3%) and 5 respondents with Bachelor's Degree (1.4%).

Table 4.6
Highest Education Level

Highest Education Level	No. of Respondents	Percent (%)
SPM	16	4.3
Nursing Certification	111	30.2
Diploma	236	64.1
Bachelor's Degree	5	1.4
Total	**368**	**100**

4.2.7 Employment Tenure with KKM (Ministry of Health Malaysia)

According to Table 4.8, the most number of respondents have worked with KKM for about 11 to 20 years which covered 236 respondents or 64.1% of total number of respondents. Other than that, 73 respondents (19.8%) have been worked for about 1 to 10 years, 57 respondents (15.5%) worked for 21 to 30 years and another 2 respondents (0.5%) worked more than 30 years.

Table 4.7
Employment Tenure with KKM

Employment Tenure with KKM	**No. of Respondents**	**Percent (%)**
1-10years	73	19.8
11-20years	236	64.1
21-30 years	57	15.5
more than 30 years	2	0.5
Total	**368**	**100**

4.2.8 Working Department of Respondents

Based on Table 4.9, there 70 respondents (19%) from Obstetrics and Gynaecology (O&G) department, 56 respondents (15.2%) respondents from Medical department, 53 respondents (14.4%) from Paediatrics department, 45 respondents (12.2%) from Specialist department, 33 respondents (9%) from Operation and Anaesthetics department,30 respondents (8.2%)from ICU department, 30 respondents (8.2%) from Emergency department, 23 respondents (6.3%) from Orthopaedic department, 18 respondents (4.9%) from Haemodialysis department, and 10 respondents (2.7%) from Day Care department.

Table 4.8
Department

Department	**No. of Respondents**	**Percent (%)**
ICU	30	8.2
Orthopaedic	23	6.3
Day Care	10	2.7
Haemodialysis	18	4.9
Emergency	30	8.2
Specialist	45	12.2
Operation and Anaesthetic	33	9
Paediatric	53	14.4
Medical	56	15.2
Obstetrics and Gynaecology	70	19
Total	**368**	**100**

4.3 MEAN AND STANDARD DEVIATION COLLECTED DATA

Table 4.9 provide the Mean and Standard Deviation score of dependent (service recovery) and independent variables (top management leadership, teamwork, empowerment, training, commitment) adopted in this study.

Table 4.9
Mean and Standard Deviation of all Variables

Variables	Dimension	Mean	Standard Deviation
Dependent	Service Recovery	4.9	4.9005
Independent	Top Management Leadership	5.25	5.2516
	Teamwork	5.25	5.2516
	Empowerment	3.33	3.3375
	Training	4.62	4.6255
	Commitment	5.02	5.0199

4.3.1 Service Recovery

Table 4.10 shows the mean and standard deviation scores of the dependent variable. The average mean for overall item is 4.90. Item that scored the highest mean (5.07) is item 3; "*Satisfying complaining patient is a great thrill to me*". However, item that scored lowest mean value (4.84) is item 1; "*I don't mind dealing with complaining patient*".

Table 4.10
Mean and Standard Deviation (Service Recovery)

Item	Mean	Std. Deviation
I don't mind dealing with complaining patient.	4.85	0.701
No patient I deal with leaves with problems unresolved.	4.93	0.640
Satisfying complaining patient is a great thrill to me.	5.07	0.586
I think it is important to solve problems when service failure occurred.	4.94	0.686
I feel responsible to correct the problems occurred while handling patients.	4.93	0.662
Satisfying complaining patients is of great importance to me.	4.90	0.657
I assist my colleagues to satisfy the patients in the case of dissatisfaction.	4.93	0.634
I handle dissatisfied patients quite well.	4.90	0.682
Average Service Recovery	**4.90**	**0.51**

4.3.2 Top Management Leadership

Based on Table 4.11, the item that has the highest score of mean (5.13) is item number 5; "*Top management pursues long-term service quality by nurses*" while the lowest is item number 3; "*Top management arranges adequate resources for employee education and training*" with mean score of 4.77.

Table 4.11
Mean and Standard Deviation (Top Management Leadership)

Item	Mean	Std. Deviation
Top management actively participates in quality management and improvement process.	4.87	0.711
Top management strongly encourages employee involvement to provide quality services and perform improved activities	4.91	0.548
Top management arranges adequate resources for employee education and training.	4.77	0.701
Top management discusses many quality-related issues in top management meetings.	4.82	0.821
Top management pursues long-term service quality by nurses.	5.13	0.678

4.3.3 Teamwork

Tables 4.12 shows that the item number 3; "*My fellow colleague and I co-operate more often than we compete*", has the highest mean score of 5.35 while item number 5; "*Hospital management expects a long-term service quality by nurses*", has the lowest mean score of 5.24.

Table 4.12
Mean and Standard Deviation (Teamwork)

Item	Mean	Std. Deviation
Everyone in my department contributes to a team effort in handling the patient.	5.20	0.740
I feel that I am part of a team in my department.	5.29	0.662
My fellow colleague and I co-operate more often than we compete.	5.35	0.622
The activities of the hospital require team-based works rather than personal achievements.	5.24	0.616
Hospital management expects a long-term service quality by nurses.	5.18	0.701

4.3.4 Empowerment

According to Table 4.13, the mean score for each item is not as high as other score in other variables. The highest score for mean is 3.90 for item number 5; "*I have control over how I solve problem while handling patients*". The lowest score of mean according to the table is item number 1; "*I have the authority to correct problems while handling patients when they occur*" with score of 3.76.

Table 4.13
Mean and Standard Deviation (Empowerment)

Item	Mean	Std. Deviation
I have the authority to correct problems while handling patients when they occur.	3.76	1.177
I am encouraged to handle problems with patient by myself.	3.34	1.251
I do not have to get management's approval before I handle problems related to patient.	2.90	1.230
I am allowed to do almost anything to solve problems with patient.	2.78	1.203
I have control over how I solve problems while handling patients.	3.90	1.157

4.3.5 Training

Table 4.14 shows the mean and standard deviation for independent variables; training. The highest mean score of 4.71 is the item number 3; "*Employees of this hospital receive training on how to interact with patient better*". In the other hand, item number 5; "*Nurses in this hospital receive training on how to deal with complaining patient*", has the lowest mean score of 4.55.

Table 4.14
Mean and Standard Deviation (Training)

Item	Mean	Std. Deviation
Nurses in this hospital receive continued training to provide good service	4.65	0.802
Nurses in this hospital receive continuous training on ways to handle patient before they come into contact with them.	4.59	0.780
Employees of this hospital receive training on how to interact with patient better	4.71	0.654
Nurses of this hospital are trained to deal with patient's complaints	4.63	0.886
Nurses in this hospital receive training on how to deal with complaining patient	4.55	0.894

4.3.6 Commitment

Based on Table 4.15, the highest mean score is 5.14 for item number 2; "*I really care about the image of this hospital*". Otherwise, item number 1; "*My values and those of the hospital are similar*", has the lowest mean score of 4.94.

Table 4.15
Mean and Standard Deviation (Commitment)

Item	Mean	Std. Deviation
My values and those of the hospital are similar.	4.94	0.573
I really care about the image of this hospital.	5.14	0.570
I am proud to tell others that I work for this hospital.	5.04	0.642
I am willing to put in a great deal of effort beyond that normally expected in order to help the hospital to have better future.	5.09	0.620
This company earned my complete loyalty.	4.99	0.664
This organization has a great deal of personal meaning for me.	4.92	0.676

4.4 INDEPENDENT SAMPLES T-TEST

To Achieve Objective 1:

Objective one is to determine the significant difference between gender among respondents. Independent Sample T-test will be used to test Hypothesis 1 in this study.

Hypothesis 1:

There is a significant difference of service recovery performance between gender among public nurses.

The result of T-test in Table 4.17 shows that female respondents (mean = 4.90) scored more than male respondents (mean = 4.60). This result indicates that female respondents in this study have higher tendency to give out better service recovery than male respondents. Other than that, for Levene's Test, the p value is 0.978 which is more than 0.05, which means that the sample is assumed Equal Variance. The results show no significant difference between gender (male and female) on service recovery among public nurses (t value = -1.336, p = 0.182). This is because the value in the sig (2-tailed) column is above 0.5.

Based on the analysis conducted, it can be concluded that there is no significant different of service recovery between genders among public nurses. **Therefore, H1 is rejected.**

Table 4.16
Independent Sample T-test Between Gender and Service Recovery

		Levene's Test for Equality of Variances		**t-test for Equality of Means**		
		F	**Sig.**	**t**	**df**	**Sig. (2-tailed)**
Service Recovery	**Equal variances assumed**	0.001	0.978	-1.336	366	0.182
	Equal variances not assumed			-1.198	4.089	0.296

Gender		N	Mean	Std. Deviation	Std. Error Mean
Service Recovery	Male	5	4.6000	0.56569	0.25298
	Female	363	4.9047	0.50572	0.02654

4.5 ONE WAY ANALYSIS OF VARIANCE

To Achieve Objective 2:

Objective two is to determine the significant different between ethnic group, age, marital status, religion, level of education, job position, employment tenure, and department among public nurses. One way ANOVA will be used to test Hypothesis 2 in this study.

Hypothesis 2:

There is a significant difference in service recovery between ethnic group (H2a), age (H2b), marital status (H2c), religion (H2d), highest level of education (H2e), employment tenure with KKM (H2f) and department (H2g) of the nurse.

One Way ANOVA was used to test and evaluate whether there is a significant difference exist between the population mean of this study.

H2a : There is a significant difference in service recovery between ethnic groups

Table 4.17 shows that there is no significant different among ethnic group on service recovery (F = 0.363, p > 0.05) with significance level 0.780. **Hence, H2a is rejected**.

Table 4.17
One Way ANOVA between Ethnic Group and Service Recovery

Test of Homogeneity of Variances

Service Recovery	**Levene Statistic**	**df1**	**df2**	**Sig.**
	2.958	2	364	0.053

ANOVA

		Sum of Squares	**Df**	**Mean Square**	**F**	**Sig.**
Service Recovery	Between Groups	0.281	3	0.094	0.363	0.780
	Within Groups	94.039	364	0.258		
	Total	**94.320**	**367**			

H2b : There is a significant difference in service recovery between age

Table 4.19 shows that there is significant different among age on service recovery (F = 2.601, p < 0.05) with significance level 0.025. **Hence, H2b is accepted**.

Table 4.18
One Way ANOVA between Age and Service Recovery

Test of Homogeneity of Variances

	Levene Statistic	**df1**	**df2**	**Sig.**
Service Recovery	1.333	5	362	0.249

ANOVA

		Sum of Squares	**df**	**Mean Square**	**F**	**Sig.**
Service Recovery	Between Groups	3.271	5	0.654	2.601	0.025
	Within Groups	91.049	362	0.252		
	Total	**94.320**	**367**			

H2c : There is a significant difference in service recovery between marital status

Table 4.20 shows that there is significant different among marital status on service recovery (F = 5.316, p < 0.05) with significance level 0.005. **Hence, H2c is accepted**.

Table 4.19
One Way ANOVA between Marital Status and Service Commitment

Test of Homogeneity of Variances				
Service Recovery	**Levene Statistic**	**df1**	**df2**	**Sig.**
	1.240	2	365	0.291

ANOVA						
		Sum of Squares	**df**	**Mean Square**	**F**	**Sig.**
Service Recovery	**Between Groups**	2.669	2	1.335	5.316	0.005
	Within Groups	91.650	365	0.251		
	Total	**94.320**	**367**			

H2d : There is a significant difference in service recovery between religion

As depicted in Table 4.21, there is no significant different among religion on service recovery (F = 1.085, p > 0.5) with significance level 0.355. **Hence, H2d is rejected**.

Table 4.20
One Way ANOVA between Religion and Service Recovery

Test of Homogeneity of Variances

	Levene Statistic	df1	df2	Sig.
Service Recovery	2.724	2	364	0.067

ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
Service Recovery	**Between Groups**	0.836	3	0.279	1.085	0.355
	Within Groups	93.484	364	0.257		
	Total	94.320	367			

H2e : There is a significant difference in service recovery between education level

As depicted in Table 4.21, there is significant different among education level on service recovery (F = 11.099, p < 0.5) with significance level 0.00. **Hence, H2e is accepted**.

Table 4.21
One Way ANOVA between Education Level and Service Recovery

Test of Homogeneity of Variances

	Levene Statistic	df1	df2	Sig.
Service Recovery	6.135	3	364	0.000

ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
Service Recovery	**Between Groups**	7.905	3	2.635	11.099	0.000
	Within Groups	86.415	364	0.237		
	Total	94.320	367			

H2f : There is a significant difference in service recovery between employment tenure

Based on Table 4.21, it shows that there is significant different among employment tenure on service recovery (F = 3.086, p < 0.5) with significance level 0.027. **Hence, H2f is accepted**.

Table 4.22
One Way ANOVA between Employment Tenure and Service Recovery

Test of Homogeneity of Variances

	Levene Statistic	df1	df2	Sig.
Service Recovery	1.851	3	364	0.138

ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
Service Recovery	**Between Groups**	2.339	3	0.780	3.086	0.027
	Within Groups	91.981	364	0.253		
	Total	94.320	367			

H2g : There is a significant difference in service recovery between department

Based on Table 4.21, it shows that there is significant different among department on service recovery (F = 14.360, p < 0.5) with significance level 0.00. **Hence, H2g is accepted**.

Table 4.23
One Way ANOVA between Department and Service Recovery

Test of Homogeneity of Variances

	Levene Statistic	df1	df2	Sig.
Service Recovery	2.348	9	358	0.014

ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
Service Recovery	**Between Groups**	25.018	9	2.780	14.360	0.000
	Within Groups	69.302	358	0.194		
	Total	94.320	367			

4.6 CORRELATION ANALYSIS

To achieve Objective 3: This objective is to identify the relationship between the independent variables (top management leadership (H3a), teamwork (H3b), empowerment (H3c), training (H3d), and commitment of the nurses (H3e), on service recovery among public nurses.

Correlation Analysis will be used to test Hypothesis 3: (H3a), (H3b), (H3c), (H3d) and (H3e) in this study. The Table 4.25 below shows the correlation scale use in the correlation test.

Hypothesis H3a: There is significant relationship between top management leadership with service recovery

The result in Table 4.25 shows that there is no relationship between top management leadership and service recovery at value of 0.004 ($p > 0.01$, Sig. 2 tailed). Thus, **H3a is rejected**.

Table 4.24
Correlation between Top Management Leadership and Service Recovery

		Service Recovery
Top Management Leadership	Pearson Correlation	.150**
	Sig. (2-tailed)	0.004
	N	368

Hypothesis H3b: There is significant relationship between teamwork with service recovery

The result in Table 4.26 shows that there is no relationship between teamwork and service recovery at value of 0.287 (p > 0.01, Sig. 2 tailed). Thus, **H3b is not acceptable**.

Table 4.25
Correlation between Teamwork and Service Recovery

		Service Recovery
Teamwork	Pearson Correlation	.056**
	Sig. (2-tailed)	0.287
	N	368

Hypothesis H3c: There is significant relationship between empowerment with service recovery

The result in Table 4.27 shows that there is positive relationship between empowerment and service recovery at value of 0.000 ($p < 0.01$, Sig. 2 tailed). The positive value of pearson correlation ($r = 0.298$) signifies that the strength of the relationship low relationship. Thus, **H3b is accepted**.

Table 4.26
Correlation between Empowerment and Service Recovery

		Service Recovery
Empowerment	Pearson Correlation	.298
	Sig. (2-tailed)	0.000
	N	368

Hypothesis H3d: There is significant relationship between training with service recovery

The result in Table 4.28 shows that there is positive relationship between training and service recovery at value of 0.000 (p > 0.01, Sig. 2 tailed). The positive value of pearson correlation (r = 0.425) signifies that the strength of the relationship is moderate relationship. Thus, **H3b is accepted**.

Table 4.27
Correlation between Training and Service Recovery

		Service Recovery
Training	Pearson Correlation	.425
	Sig. (2-tailed)	0.000
	N	368

Hypothesis H3e: There is significant relationship between commitment with service recovery

The result in Table 4.28 shows that there is positive relationship between commitment and service recovery at value of 0.000 (p > 0.01, Sig. 2 tailed). The positive value of pearson correlation (r = 0.351) signifies that the strength of the relationship is moderate relationship. Thus, **H3e is accepted**.

Table 4.28
Correlation between Commitment and Service Recovery

		Service Recovery
Commitment	Pearson Correlation	.351
	Sig. (2-tailed)	0.000
	N	368

4.7 REGRESSION ANALYSIS

Achieving Objective 4:

This objective is to justify the influence of independent variables (top management leadership, teamwork, empowerment, training, and commitment of the nurses), towards service recovery among public nurses. Regression analysis is used to test Hypothesis 4 in this research.

Hypothesis 4:

Top management leadership, teamwork, empowerment, training, and commitment of the nurses have significant influence towards service recovery performance among public nurses.

4.7.1 Regression Analysis on Coefficient of Determination (R2)

In this study, Coefficient of Determination (R2) is function to measure and explain changes of service recovery (Dependent variable) with the changes of the Independent Variable (Top Management Leadership, Teamwork, Empowerment, Training, and Commitment).

The model summary of Multiple Regression for this study is shown in Table 4.30. The value of adjusted R2 was 0.532. The independent variable (Top Management Leadership, Teamwork, Empowerment, Training, and Commitment) were explaining that 28.3% of the changes in independent variable (service recovery) as tested in the model. It shows that it had 28.3% of influences to service recovery (dependent variables).

Table
4.29 *Regression Analysis Model Summary*

Model	R	R Square
1	.532[a]	0.283

4.7.2 ANOVA Test

According to the larger the F- Ration, the more varied the independent variable is explained by the independent variable. Besides, if the p-value is greater than 0.05, it indicates that the result is insignificant. However, if the p-value is greater than 0.05, it indicates that the result is significant. In the ANOVA Table 4.31, the F-Ratio is 28.562 and highly significant at the level 0.000. it shows that there is a relationship between independent variables and dependent variable.

Table 4.30
Regression Analysis of ANOVA

Model	F	Sig.
1	28.561	.000[b]

4.7.3 Regression Analysis of Coefficient

Based on Table 4.32 Beta of Top Management Leadership is -0.141, Teamwork is 0.088, Empowerment is 0.149, Training is 0.373, and Commitment is 0.415. Hence, Commitment is the strongest factor that influence service recovery is Commitment.

In addition, three independent variables are significant influence to service recovery, which is Empowerment (0.000), Training (0.000), and Commitment (0.000). However, another two independent variables is not significant to service recovery; Top Management Leadership (-0.141) and Teamwork (0.088).

Table 4.31
Regression Analysis of Coefficient

Model	**B**	**Beta**	**t**	**Sig.**
(Constant)	16.982		6.375	0.000
Top Management Leadership	-0.141	-0.099	-1.910	0.057
Teamwork	0.088	0.061	1.239	0.216
Empowerment	0.149	0.187	3.736	0.000
Training	0.373	0.310	5.939	0.000
Commitment	0.415	0.304	6.015	0.000

CHAPTER 5

DISCUSSION, RECOMMENDATIONS AND CONCLUSIONS

5.0 CHAPTER INTRODUCTION

This chapter consists of discussion, limitations of study, recommendations and conclusion. Furthermore, the results in this study will be discussed with proven statement.

5.1 DISCUSSION

The main objective of this study is to determine the factors influencing service recovery performance among nurses in public hospitals. The data were gathered from the questionnaires which are distributed to 400 nurses from three hospitals but only 368 questionnaires are returned and used for data analysis. Some of them were eliminated from the final analysis due to certain reasons such as incomplete answer. SPSS version 2.4 was used to analyze the relationship between top management leadership, teamwork, empowerment, training, and commitment on service recovery.

5.1.1 Recapitulation of Descriptive Statistic

In terms of gender, the result of this research shows that most of the respondents are female with total number of 363 respondents (98.6%) while male respondents has small number of respondents which is 5 respondents (1.4%). For ethnic groups, there are 352 numbers (95.7%) of Malay respondents which has most number of respondent while Chinese became second with total of 10 respondents (2.7%) and 5 respondents are Indian and only one respondent with other ethnic group that is Siamese. Beside, in term of age, the highest number of respondents is between 36 to 40 years old with total number of 114 respondents (31%). The second would be between 41 to 45 years old with 80 respondents (21.7%) followed by age of 31 to 35 years old (74 respondents or 20.1%). Other than that, there are 38 respondents with age between 25 to 30 years old (10.3%) and another 12 respondents is age above 50 years old (3.5%).

Furthermore, for marital status it shows that married respondents have the highest number which is 352 respondents (95.7%), 11 respondents (3%) that are single while the other 5 respondents (1.4%) are divorced. In term of religion, number of Muslim respondents is the highest number of respondent which is 354 respondents (96.2%), other respondents consist of 8 Buddhist respondents (2.2%), 5 Hindu respondents (1.4%) and 1 Christian (0.3%). For level of education, most respondents have Diploma as their highest education level with number of respondents of 236 respondents (64.1%) followed by Nursing Certification with 111 respondents (30.2%), 16 respondents with SPM level (4.3%) and 5 respondents with Bachelor's Degree (1.4%).

In the other hand, the most number of respondents have worked with KKM for about 11 to 20 years which is 236 respondents (64.1%) . Other than that, 73 respondents (19.8%) have been worked for about 1 to 10 years, 57 respondents (15.5%) worked for 21 to 30 years and another 2 respondents (0.5%) worked more than 30 years. 70 respondents (19%) from Obstetrics and Gynaecology (O&G) department, 56 respondents (15.2%) respondents from Medical department, 53 respondents (14.4%) from Paediatrics department, 45 respondents (12.2%) from Specialist department, 33 respondents (9%) from Operation and Anaesthetics department,30 respondents (8.2%)from ICU department, 30 respondents (8.2%) from Emergency department, 23 respondents (6.3%) from Orthopaedic department, 18 respondents (4.9%) from Haemodialysis department, and 10 respondents (2.7%) from Day Care department.

5.1.2 Recapitulation of Independent Samples T-Test

This test was conducted to achieve Objective one of the study. According to the analysis conducted using Sample T-test, H1 is rejected, whereby there is no significant relationship between genders among nurses in public hospitals. The result is supported with the study made by Soares and Proença (2015) which mentioned that there is no significant difference between male and female with service recovery.

5.1.3 Recapitulation of One Way Analysis of Variance

This test was conducted to achieve Objective 2 of the study. The results of One Way ANOVA prove that there are two hypothesises are rejected while another five are accepted. For ethnic group, H2a is rejected, where there is no significant difference between ethnic groups on service recovery. The results is supported by Boshoff and Allen (2000), that stated that no differences existed between early and late respondents in terms of ethnic group. Another rejected hypothesis is H2d where there is no significant different between religion on service recovery. Thus, it shows that religion have no significant different towards service recovery in this study. The result of the analysis indicates that both ethnic group and religion of the nurses have no impact towards service recovery among public nurses in Pulau Pinang.

The results is difference for age, where there is a significant different among age on service recovery. Hence, H2b is accepted. Besides, there is also a significant different among marital status on service recovery. Hence, H2c is accepted. It is similar with the results for level of education, where there is significant different among education level on service recovery. Hence, H2e is accepted. Other than that, H2f also was accepted where there is significant different among employment tenure on service recovery. Lastly, results for departments of nurses shows that that there is significant different among department on service recovery. Hence, H2g is accepted. Hence, accepted hypothesis shows that there are significant different on service recovery among public nurses in Pulau Pinang.

5.1.4 Recapitulation of Correlation Analysis

This test was conducted to achieve Objective 3 of this study. The result of correlation analysis showed that there is no significant relationship between two independent variables (top management leadership and teamwork) towards dependent variable (service recovery). However, another three independent variables (empowerment, training, and commitment) have significant relationship with dependent variable (service recovery).

The result of correlation analysis showed that there is no relationship between top management leadership and service recovery. Thus, H3a is not accepted. According to Shirkhani (2013) leadership is highly related with teamwork. Consequently, it was the same for this study where there is no relationship between teamwork and service recovery. Thus, H3b is not acceptable. Besides, the result of correlation analysis showed that there is there is positive relationship between empowerment and service recovery. Thus, H3b is acceptable. The result is supported by Rod, Carruthers, and Ashill (2006) that shows commitment exert a positive influence on the service recovery.

Similarly, the result of correlation analysis shows that there is positive relationship between training and service recovery. The positive value of pearson correlation (r = 0.425) signifies that the strength of the relationship is moderate relationship. Thus, H3b is still acceptable. The result is supported from a study

conducted by Boshoff and Allen (2000) that exhibited acceptable levels of reliability between training and service recovery.

In addition, there is positive relationship between commitment and service recovery. Thus, H3e is acceptable. Furthermore, Ashill et al. (2005) also support the result which found in their research showed that there is positive relationship between commitment and service recovery. Research by Beirami (2012) also stated the same result which showed commitment statistically significant and positive effect on service recovery.

5.1.5 Recapitulation of Regression Analysis

This test was conducted to achieve Objective 4 of the study. In this study, results of regression analysis indicates that there are only three independent variables are significant influence to service recovery, which is Empowerment, Training, and Commitment. According to Ashill et al. (2005), empowerment, teamwork and organizational commitment exert a positive influence, and role ambiguity a negative influence on the service recovery, while environmental variable (training) does not have a significant effect on the service recovery of hospital staff. The results of the study revealed that perceived managerial attitudes, neither customer service orientation of the hospital nor rewarding employees for service excellence had any influence on employee service recovery. In the other words, there are many factors can influenced service recovery among hospital's staff including nurses.

Furthermore, Rod et al. (2006) mentioned that empowerment, and organisational commitment exert a positive influence, while the environmental variable such as service training did not have a significant effect on the service recovery. Thus, Masoud and Hmeidan (2013) stated that the influencial factor of employee training has a positive effect on service recovery was supported. It can be concluded that training had a significant effect on service recovery among public nurses in Pulau Pinang as been analyzed in this study.

Andrews-evans (2012) mentioned that through a critical nursing science (CNS) reflective approach, empowerment of nurses emerged as one of the major factors for the success of the nursing service. Besides, nurses that has autonomy within the clinical team, being seen as an equal and having control over their own practice and the environment in which they work. The results of beta value shows the strongest factor that influence service recovery among public nurses as stated in the result in this study is Commitment with Beta value of 0.415.

However, another two independent variables is not significant to service recovery; Top Management Leadership (-0.141) and Teamwork (0.088). According to Boshoff and Allen (2000), it appears as if organizations want to enhance the service recovery need to make sure that they stands for organisational commitment to ensure that employees are empowered to solve customer problems. If properly conducted, the improved service recovery will increase the probability the employees will remain with the firm longer and will be fond of their jobs more.

5.2 LIMITATIONS OF THE STUDY

The first limitation of this study is related to the sample of the research. In this study, the questionnaires are only distributed to public hospitals. Even though the participants in the study were selected randomly using simple random sampling, some of the nurses did not participate due to lack of time and busy with many other task at the hospitals. Besides, the questionnaires were not distributed to private hospitals that might have other point of view for each question.

The second limitation of this study is the location. The location chosen for this study is public hospitals in Pulau Pinang only. It could be that since the healthcare system in Pulau Pinang is run differently, has different organisational arrangements and political influences, the views of nurses in respect of what would make a better service recovery could be at variance to other parts of Malaysia. Hence, data collected might not necessarily be able to represent the population of the study and the results cannot be generalized across the larger population of nurse in public hospitals.

Lastly, another limitation is related to the gender of the respondents. Most of the respondents is female which is 98.6% of total number of respondents. Lack of male nurses could have created bias in this study as they might different views or attitudes to the subject being studied. More male nurses to participate in the study could help to correct this bias.

5.3 RECOMMENDATIONS AND IMPLICATIONS

The recommendations part in this study covered on the recommendation and suggestion for future research. In the other hand, the implication is where the discussion on managerial implications is provided. This part will take the opportunity to explore in detail the implications of this study on the success or failure of service recovery.

5.3.1 Recommendation for Future Research

Recommendation for future research is crucial to give other researchers on this field the opportunity to explore the research further. There are some suggestions for the researchers who might wish to follow.

The first suggestion to overcome the limitation of the study is to broaden the sample of population by distributing the questionnaires to both public and private hospitals. The questionnaires also should be distributed early and given longer time so that all respondents that involve in the study can answers the questionnaires especially for respondents that have variance of task and commitment. For this suggestion, it can help the results to be more appropriate and accurate.

The second suggestion is regarding the population of the respondent. In this research, public hospitals in Pulau Pinang were chosen as the population. In future, researcher could expend the population for other states in Malaysia to get better

understanding about the field. Moreover, more hospitals need to be selected not only just three hospitals, in order to gain more insight of the result. Data collected also may be able to represent the population of the study and the results can be generalized across the larger population.

The third suggestion is to collect more data in male nurses perspective. In this study, most of the respondents are female which has created bias in the result. However, if more male nurses could be gathered to answer the questionnaire, the bias can be corrected.

5.3.2 Managerial Implications

Based on the results of this study, it became evident that a main factor influencing service recovery is commitment of the nurses. The main point here is how the organisation can ensure that their employees will have consistent commitment towards their job. The commitment here is covered not only in their own area of service, but across the organisation as a whole.

Every organization should pay more attention towards the need of their employees. Managers need to learn when to adjust their systems by making sure that justice and fairness in promotion and rewards systems of their organization. The management team can also revive the nation of unfairness and emotional stress where employees can upgrade their service performance especially for service recovery and get to take pleasure in positive workplace influences.

Besides, in the result of the analysis in this study shows that the highest mean score is 5.14 for item number 2; "*I really care about the image of this hospital*" for commitment questions. It proved that most respondents felt that the image of the organization they work for is important for them. Thus, the organization should appreciate more on their effort to retain the good image of their workplace. Activities such as family day, potluck event or organize birthday parties can shows appreciation towards the employees.

All these initiatives can motivate the employees to provide and delivered better service in future. Furthermore, it can develop good communication between management and employees, and increase the ability of the employees to act effectively.

5.4 CONCLUSION

First and foremost, the aim of this study is to identify factors affecting service recovery. The results in this study shows that out of five independent variables, there are three variables (Empowerment, Training, and Commitment) that have positive relationship with service recovery among public nurses. Besides, the finding of the study suggests that Commitment is the strongest factor that influences service recovery. Consequently, it shows that nurse will provide better service recovery if they have strong commitment towards their organization. Furthermore, organization should determine ways to increase service commitment among nurses to enhace their ability to deliver service recovery.

Understanding the nature and determinants of service recovery performance is a necessary and critical starting point in developing and implementing service recovery programs. Our empirical findings suggest a number of important managerial implications. Commitment, empowerment and training are significant predictors of service recovery by public nurses. This suggests that healthcare management should explicitly design and establish various organizational policies such as employee empowerment, education/training and role responsibilities in order to develop a system that will facilitate a service orientated environment and service recovery. In addition, service recovery is influenced by an individual's level of commitment to the hospital and their role in the delivery of healthcare. More empowerment leads to better service recovery, suggesting that hospital management should take decisive steps to empower their staffs with the authority to make independent decisions, and give them adequate freedom to assist customers.

In addition, Empowerment and Training also influence service recovery in this study. This finding provides additional evidence to the management team to understand about the perception of their staffs about service recovery. Although a degree of acceptance of marketing's appropriateness in healthcare followed any initial resistance, until recently, the great proportion of hospital governance and management has been the domain of clinicians, who had little expertise in conventional management practices or marketing applications in services. It shows that management team should increase their understanding in service marketing to provide better quality of service.

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APPENDIX A

QUESTIONNAIRE

Dear respected respondents:

I am a postgraduate student of North University of Malaysia, pursuing a master in Msc. (Management). In order to fulfill the degree requirement, I am undertaking research project titled "Key Factors Influencing Service Recovery Performance in Nursing Services" among nurses in hospitals located in Seberang Perai, Pulau Pinang. You have been selected to form part of this study. This is to kindly request you to assist me collect the data by filling out the accompanying questionnaire.

The information you provide will be used exclusively for academic purposes. I assure you that the information you give will be treated with strict confidence and at no time will your name appear in my report.

Your cooperation will be highly appreciated.

Sincerely,

Dayang Nor Sarina Binti Azzeni (821021)

Section A: Demographic Profile

Directions: Please select the best option that describes you

1. Gender:

   ( ) Male ( ) Female

2. Ethnic Group:

   ( ) Malay ( ) Chinese ( ) Indian ( ) Others: _____

3. Age: _____ years old

4. Marital status: ( ) Single ( ) Married

5. Religion:

   ( ) Islam ( ) Christian ( ) Buddhist

   ( ) Hindu ( ) Others: _____

6. Highest Education Level:

   ( ) SPM ( ) STPM ( ) Nursing Certificate ( ) Diploma

   ( ) Others : _____

7. Job Position:

   ( ) Contract ( ) Regular

8. Employment Tenure with KKM : _____ years

9. Department: _____

Section B: Factors Influencing Service Recovery Performance

Part I: Top Management Leadership

Please circle the number of your answer based on the level of agreement with the following statements about factors that influenced the service recovery performance.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1	2	3	4	5	6

No.	Item	Scale					
1	Top management actively participates in quality management and improvement process.	1	2	3	4	5	6
2	Top management strongly encourages employee involvement to provide quality services and perform improved activities.	1	2	3	4	5	6
3	Top management arranges adequate resources for employee education and training .	1	2	3	4	5	6
4	Top management discusses many quality-related issues in top management meetings.	1	2	3	4	5	6
5	Top management pursues long-term service quality by nurses.	1	2	3	4	5	6
6	Everyone in my department contributes to a team effort in handling the patient.	1	2	3	4	5	6
7	I feel that I am part of a team in my department.	1	2	3	4	5	6
8	My fellow colleague and I co-operate more often than we compete.	1	2	3	4	5	6
9	The activities of the hospital require team-based works rather than personal achievements.	1	2	3	4	5	6
10	Hospital management expects a long-term service quality by nurses.	1	2	3	4	5	6
11	I have the authority to correct problems while handling patients when they occur.	1	2	3	4	5	6
12	I am encouraged to handle problems with patient by myself.	1	2	3	4	5	6
13	I do not have to get management's approval before I handle problems related to patient.	1	2	3	4	5	6

14	I am allowed to do almost anything to solve problems with patient.	1	2	3	4	5	6
15	I have control over how I solve problems while handling patients.	1	2	3	4	5	6
16	Nurses in this hospital receive continued training to provide good service	1	2	3	4	5	6
17	Nurses in this hospital receive continuous training on ways to handle patient before they come into contact with them.	1	2	3	4	5	6
18	Employees of this hospital receive training on how to interact with patient better	1	2	3	4	5	6
19	Nurses of this hospital are trained to deal with patient's complaints	1	2	3	4	5	6
20	Nurses in this hospital receive training on how to deal with complaining patient	1	2	3	4	5	6
21	My values and those of the hospital's are similar.	1	2	3	4	5	6
22	I really care about the image of this hospital.	1	2	3	4	5	6
23	I am proud to tell others that I work for this hospital.	1	2	3	4	5	6
24	I am willing to put in a great deal of effort beyond that normally expected in order to help the hospital to have better future.	1	2	3	4	5	6
25	This company earned my complete loyalty.	1	2	3	4	5	6
26	This organization has a great deal of personal meaning for me.						
27	I don't mind dealing with complaining patient.	1	2	3	4	5	6
28	No patient I deal with leaves with problems unresolved.	1	2	3	4	5	6
29	Satisfying complaining patient is a great thrill to me.	1	2	3	4	5	6
30	I think it is important to solve problems when service failure occurred.	1	2	3	4	5	6
31	I feel responsible to correct the problems occurred while handling patients.	1	2	3	4	5	6
32	Satisfying complaining patients is of great importance to me.	1	2	3	4	5	6
33	I assist my colleagues to satisfy the patients in the case of dissatisfaction.	1	2	3	4	5	6
34	I handle dissatisfied patients quite well.	1	2	3	4	5	6

The **problems mentioned in the question are not in the medical field but mistakes in carrying out the duties as a nurse.

Responden yang dihormati:

Saya seorang pelajar pascasiswazah di Universiti Utara Malaysia dalam jurusan Master of Science (Management). Untuk memenuhi keperluan ijazah, saya menjalankan projek penyelidikan bertajuk "Factors Influencing Service Recovery in Nursing Services" di kalangan jururawat di hospital sekitar Seberang Perai, Pulau Pinang. Anda telah dipilih untuk menjadi sebahagian daripada kajian ini. Saya meminta anda untuk membantu saya mengumpulkan data dengan mengisi borang soal selidik yang disertakan.

Maklumat yang anda berikan akan digunakan secara eksklusif untuk tujuan akademik. Saya memberi jaminan kepada anda bahawa maklumat yang anda berikan akan diberi kepercayaan yang ketat dan tidak akan muncul nama anda dalam laporan saya.

Kerjasama anda akan sangat dihargai.

Yang ikhlas,

Dayang Nor Sarina Binti Azzeni (821021)

Section A : Maklumat Peribadi

Arahan: Sila tandakan jawapan yang menggambarkan diri anda.

1. Jantina:
   ( ) Lelaki ( ) Perempuan

2. Kumpulan Etnik:
   ( ) Melayu ( ) Cina ( ) India
   ( ) Lain-lain: _____ (sila nyatakan)

3. Umur: _____ Tahun

4. Taraf Perkahwinan:
   ( ) Bujang ( ) Berkahwin ( ) Bercerai

5. Agama:
   ( ) Islam ( ) Kristian ( ) Buddha ( ) Hindu
   ( ) Lain-lain: _____ (sila nyatakan)

6. Taraf Pendidikan Tertinggi :

   ( ) SPM ( ) STPM ( ) Sijil Kejururawatan ( ) Diploma

   ( ) Lain- lain: _____ (sila nyatakan)

7. Taraf Jawatan:

   ( ) Kontrak ( ) Tetap ( ) Sambilan

8. Tempoh perkhidmatan bersama kementerian kesihatan: ____ tahun

9. Jabatan/Bahagian: _____

Seksyen B:

Sila tandakan nombor jawapan anda berdasarkan tahap persetujuan dengan pernyataan berikut tentang faktor-faktor yang mempengaruhi prestasi pemulihan perkhidmatan.

Sangat Tidak Setuju	Tidak Setuju	Agak Tidak Setuju	Agak Setuju	Setuju	Sangat Setuju
1	2	3	4	5	6

Bil.	Penyataan	Skala					
1	Pihak atasan terlibat secara aktif dalam mempertingkatkan mutu perkhidmatan kepada pesakit.	1	2	3	4	5	6
2	Pihak atasan sering memberi galakan dalam menghasilkan perkhidmatan yang berkualiti.	1	2	3	4	5	6
3	Pihak atasan mengatur sumber yang mencukupi untuk latihan pekerja.	1	2	3	4	5	6
4	Pihak atasan membincangkan banyak isu berkaitan kualiti perkhidmatan dalam mesyuarat pengurusan.	1	2	3	4	5	6
5	Pihak atasan mengharapkan kualiti perkhidmatan jangka panjang oleh jururawat.	1	2	3	4	5	6
6	Semua orang di jabatan saya bertindak seperti satu pasukan dalam mengendalikan pesakit.	1	2	3	4	5	6
7	Saya merasakan diri saya sebahagian daripada pasukan dalam jabatan saya.	1	2	3	4	5	6
8	Saya dan rakan sekerja saling bekerjasama menguruskan pesakit.	1	2	3	4	5	6
9	Perkhidmatan di hospital ini mengutamakan kerja berpasukan berbanding secara sendiri.	1	2	3	4	5	6
10	Perkhidmatan yang saya berikan menjadi lebih baik apabila saya bekerja secara berpasukan.	1	2	3	4	5	6
11	Saya mempunyai kuasa untuk membetulkan kesilapan semasa mengendalikan pesakit apabila ia berlaku.	1	2	3	4	5	6
12	Saya digalakkan untuk menangani sendiri kesilapan semasa mengendalikan pesakit.	1	2	3	4	5	6
13	Saya tidak perlu mendapatkan kelulusan pihak pengurusan dahulu sebelum saya menangani kesilapan yang berkaitan dengan pesakit.	1	2	3	4	5	6
14	Saya dibenarkan berbuat apa-apa sahaja untuk menyelesaikan kesilapan terhadap pesakit.	1	2	3	4	5	6

15	Saya mempunyai kawalan ke atas tindakan saya untuk menyelesaikan kesilapan semasa mengendalikan pesakit.	1	2	3	4	5	6
16	Jururawat di hospital ini menerima latihan berterusan untuk menyediakan perkhidmatan yang berkualiti	1	2	3	4	5	6
17	Jururawat di hospital ini menerima latihan berterusan mengenai cara mengendalikan pesakit.	1	2	3	4	5	6
18	Pekerja hospital ini mendapat latihan bagaimana untuk berinteraksi dengan pesakit dengan lebih baik	1	2	3	4	5	6
19	Jururawat hospital ini dilatih untuk menangani aduan pesakit	1	2	3	4	5	6
20	Jururawat di hospital ini menerima latihan mengenai bagaimana menangani kerenah pesakit yang membuat aduan	1	2	3	4	5	6
21	Nilai murni yang ada pada diri saya adalah sama seperti nilai murni yang dianjurkan oleh hospital ini.	1	2	3	4	5	6
22	Saya sangat mengambil berat dengan imej hospital ini.	1	2	3	4	5	6
23	Saya berbangga untuk memberitahu orang lain bahawa saya bekerja di hospital ini.	1	2	3	4	5	6
24	Saya sanggup memberikan usaha yang lebih untuk membantu hospital ini mempunyai perkhidmatan yang lebih baik di masa hadapan.	1	2	3	4	5	6
25	Hospital ini mendapat kesetiaan saya sepenuhnya.	1	2	3	4	5	6
26	Organisasi ini mempunyai banyak makna peribadi untuk saya.	1	2	3	4	5	6
27	Saya tidak berkeberatan untuk berurusan dengan pesakit-pesakit yang membuat aduan terhadap perkhidmatan yang diberikan oleh hospital ini.	1	2	3	4	5	6
28	Saya tidak akan mengabaikan pesakit-pesakit dengan membiarkan masalah mereka tidak diselesaikan.	1	2	3	4	5	6
29	Ianya menjadi satu kepuasan jika saya dapat menyelesaikan masalah yang diadukan oleh pesakit.	1	2	3	4	5	6
30	Saya merasa bertanggungjawab untuk membetulkan masalah apabila kegagalan perkhidmatan berlaku.	1	2	3	4	5	6
31	Saya rasa bertanggungjawab untuk membetulkan kesilapan yang berlaku semasa mengendalikan pesakit.	1	2	3	4	5	6
32	Memuaskan pesakit yang membuat aduan adalah amat penting kepada saya.	1	2	3	4	5	6
33	Saya membantu rakan-rakan saya untuk memuaskan pesakit dalam kes ketidakpuasan.	1	2	3	4	5	6
34	Saya mengendalikan pesakit yang tidak berpuas hati dengan baik.	1	2	3	4	5	6

****Kesilapan** yang dinyatakan di dalam soalan bukan dalam konteks perubatan tetapi kesilapan perkhidmatan semasa melakukan tugasan sebagai seorang jururawat.

APPENDIX B

RELIABILITY FOR PILOT TEST

a) Servive Recovery

Case Processing Summary			
		N	%
Cases	Valid	45	100.0
	Excluded[a]	0	.0
	Total	45	100.0
a. Listwise deletion based on all variables in the procedure.			

Reliability Statistics	
Cronbach's Alpha	N of Items
.741	8

Item-Total Statistics				
	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
I don't mind dealing with complaining patient.	33.33	12.136	.427	.718
No patient I deal with leaves with problems unresolved.	33.58	10.340	.469	.709
Satisfying complaining patient is a great thrill to me.	33.44	10.571	.484	.704
I think it is important to solve problems when service failure occurred.	33.44	10.343	.434	.720
I feel responsible to correct the problems occurred while handling patients.	33.31	11.265	.545	.696
Satisfying complaining patients is of great importance to me.	33.24	11.962	.420	.718
I assist my colleagues to satisfy the patients in the case of dissatisfaction.	33.36	13.643	.073	.765
I handle dissatisfied patients quite well.	33.53	10.482	.676	.669

b) Top Management Leadership

Case Processing Summary			
		N	%
Cases	Valid	45	100.0
	Excluded[a]	0	.0
	Total	45	100.0
a. Listwise deletion based on all variables in the procedure.			

Reliability Statistics	
Cronbach's Alpha	N of Items
.972	5

Item-Total Statistics				
	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
Top management actively participates in quality management and improvement process.	16.33	47.636	.991	.957
Top management strongly encourages employee involvement to provide quality services and perform improved activities	16.60	42.518	.980	.955
Top management arranges adequate resources for employee education and training .	15.87	55.300	.832	.985
Top management discusses many quality-related issues in top management meetings.	15.93	43.291	.978	.955
Top management pursues long-term service quality by nurses.	16.16	38.725	.957	.967

c) Teamwork

Case Processing Summary			
		N	%
Cases	Valid	45	100.0
	Excluded[a]	0	.0
	Total	45	100.0
a. Listwise deletion based on all variables in the procedure.			

Reliability Statistics	
Cronbach's Alpha	N of Items
.950	5

Item-Total Statistics				
	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
Everyone in my department contributes to a team effort in handling the patient.	18.22	34.177	.928	.929
I feel that I am part of a team in my department.	18.56	29.207	.978	.916
My fellow colleague and I co-operate more often than we compete.	18.58	28.840	.977	.917
The activities of the hospital require team-based works rather than personal achievements.	18.58	29.477	.980	.916
Hospital management expects a long-term service quality by nurses.	17.98	44.659	.522	.987

d) Empowerment

Case Processing Summary		N	%
Cases	Valid	45	100.0
	Excluded[a]	0	.0
	Total	45	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics	
Cronbach's Alpha	N of Items
.937	5

Item-Total Statistics				
	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
I have the authority to correct problems while handling patients when they occur.	14.02	23.340	.861	.918
I am encouraged to handle problems with patient by myself.	14.44	22.434	.816	.925
I do not have to get management's approval before I handle problems related to patient.	14.49	22.574	.804	.928
I am allowed to do almost anything to solve problems with patient.	14.29	22.528	.857	.918
I have control over how I solve problems while handling patients.	14.49	22.210	.825	.924

e) Training

Case Processing Summary			
		N	%
Cases	Valid	45	100.0
	Excluded[a]	0	.0
	Total	45	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics	
Cronbach's Alpha	N of Items
.466	5

Item-Total Statistics				
	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
Nurses in this hospital receive continued training to provide good service	18.18	3.877	.278	.393
Nurses in this hospital receive continuous training on ways to handle patient before they come into contact with them.	18.13	3.209	.542	.138
Employees of this hospital receive training on how to interact with patient better	17.38	4.559	.599	.268
Nurses of this hospital are trained to deal with patient's complaints	17.33	5.182	.403	.376
Nurses in this hospital receive training on how to deal with complaining patient	17.87	6.073	-.166	.705

f) Commitment

Case Processing Summary			
		N	%
Cases	Valid	45	100.0
	Excluded[a]	0	.0
	Total	45	100.0
a. Listwise deletion based on all variables in the procedure.			

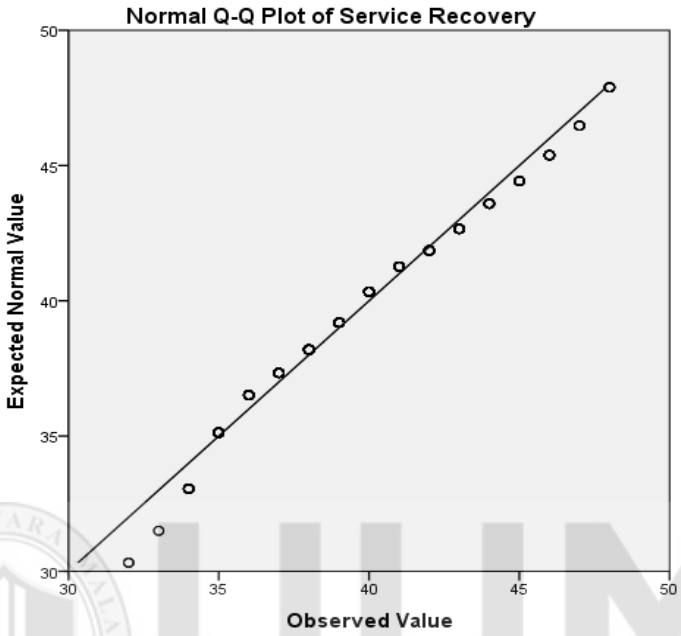
Reliability Statistics	
Cronbach's Alpha	N of Items
.826	6

Item-Total Statistics				
	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
My values and those of the hospital's are similar.	24.22	18.268	.683	.781
I really care about the image of this hospital.	24.40	14.973	.891	.722
I am proud to tell others that I work for this hospital.	24.40	14.882	.900	.719
I am willing to put in a great deal of effort beyond that normally expected in order to help the hospital to have better future.	23.96	24.271	.673	.803
This company earned my complete loyalty.	23.73	27.427	.280	.847
This organization has a great deal of personal meaning for me.	23.84	27.134	.327	.843

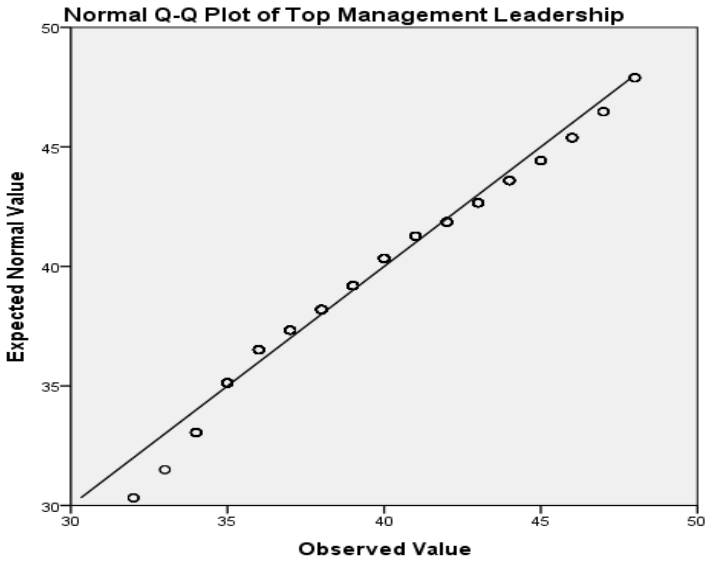
APPENDIX C

NORMALITY TEST

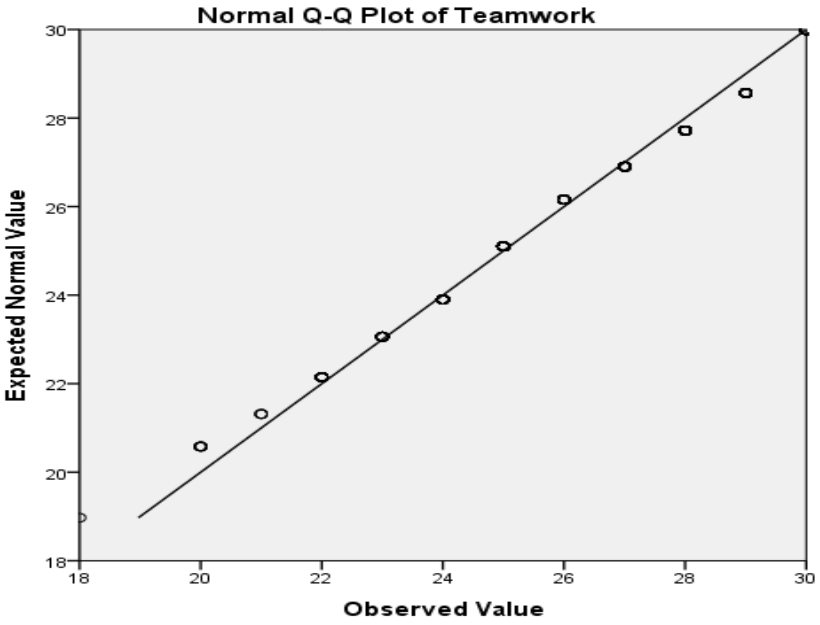
a) Service Recovery



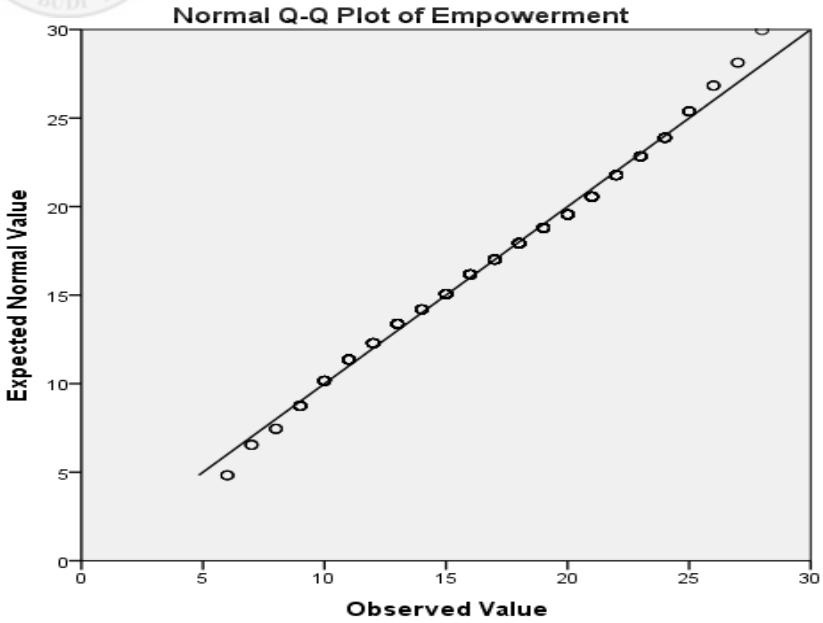
b) Top Management Leadership



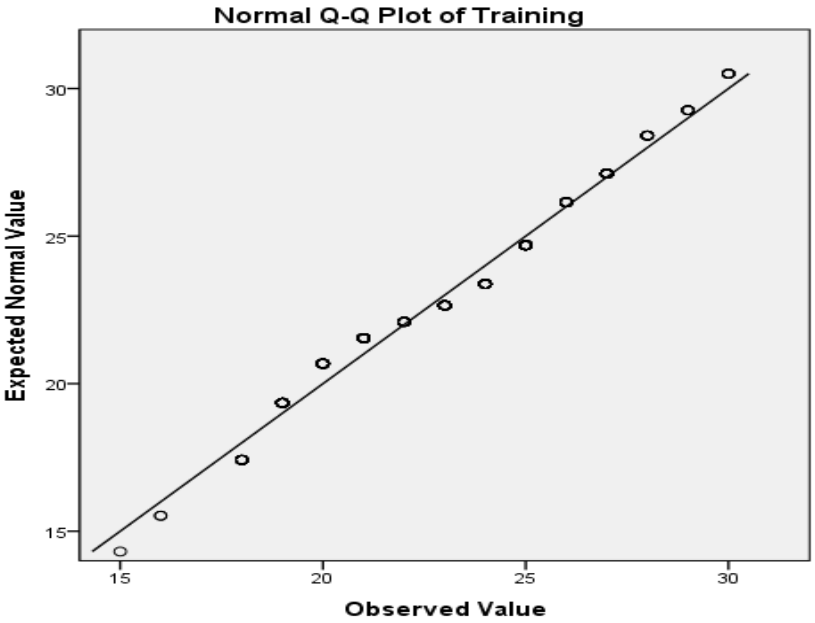
c) Teamwork



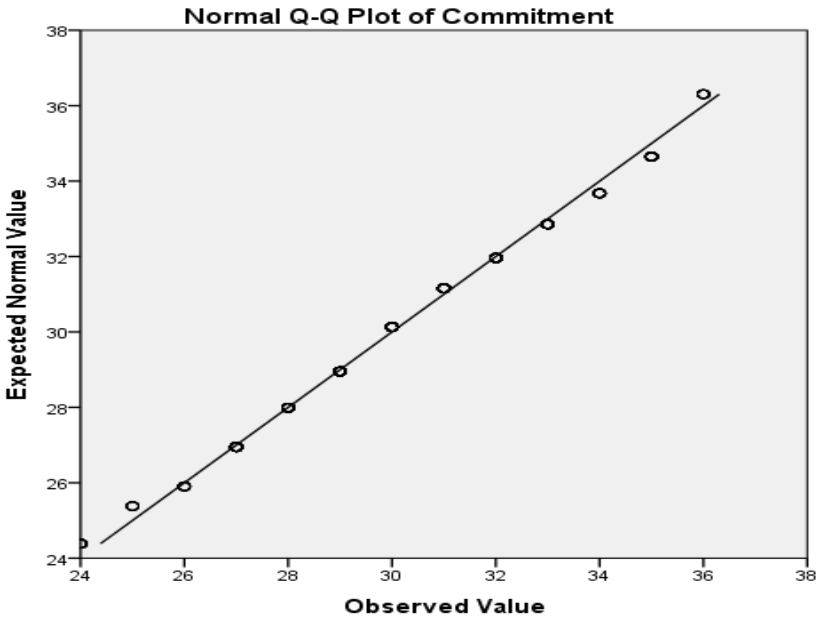
d) Empowerment



e) Training



f) Commitment



APPENDIX D

RELIABILITY FOR REAL DATA

a) Service Recovery

Case Processing Summary			
		N	%
Cases	Valid	368	100.0
	Excluded[a]	0	.0
	Total	368	100.0
a. Listwise deletion based on all variables in the procedure.			

Reliability Statistics	
Cronbach's Alpha	N of Items
.841	8

Item-Total Statistics				
	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
I don't mind dealing with complaining patient.	34.61	10.544	.450	.839
No patient I deal with leaves with problems unresolved.	34.52	10.550	.510	.830
Satisfying complaining patient is a great thrill to me.	34.38	10.722	.525	.829
I think it is important to solve problems when service failure occurred.	34.51	10.289	.528	.829
I feel responsible to correct the problems occurred while handling patients.	34.53	9.901	.658	.812
Satisfying complaining patients is of great importance to me.	34.55	9.856	.677	.809
I assist my colleagues to satisfy the patients in the case of dissatisfaction.	34.52	10.245	.601	.819
I handle dissatisfied patients quite well.	34.55	9.839	.650	.812

b) Top Management Leadership

Case Processing Summary			
		N	%
Cases	Valid	368	100.0
	Excluded[a]	0	.0
	Total	368	100.0
a. Listwise deletion based on all variables in the procedure.			

Reliability Statistics	
Cronbach's Alpha	N of Items
.777	5

Item-Total Statistics				
	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
Top management actively participates in quality management and improvement process.	19.63	4.184	.596	.720
Top management strongly encourages employee involvement to provide quality services and perform improved activities	19.59	4.727	.587	.732
Top management arranges adequate resources for employee education and training .	19.73	4.280	.570	.729
Top management discusses many quality-related issues in top management meetings.	19.69	3.839	.594	.723
Top management pursues long-term service quality by nurses.	19.37	4.675	.441	.771

c) Teamwork

Case Processing Summary			
		N	%
Cases	Valid	368	100.0
	Excluded[a]	0	.0
	Total	368	100.0
a. Listwise deletion based on all variables in the procedure.			

Reliability Statistics	
Cronbach's Alpha	N of Items
.797	5

Item-Total Statistics				
	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
Everyone in my department contributes to a team effort in handling the patient.	21.06	4.245	.457	.801
I feel that I am part of a team in my department.	20.97	3.918	.698	.719
My fellow colleague and I co-operate more often than we compete.	20.91	3.981	.734	.711
The activities of the hospital require team-based works rather than personal achievements.	21.02	4.294	.592	.755
Hospital management expects a long-term service quality by nurses.	21.08	4.367	.454	.798

d) Empowerment

Case Processing Summary			
		N	%
Cases	Valid	368	100.0
	Excluded[a]	0	.0
	Total	368	100.0
a. Listwise deletion based on all variables in the procedure.			

Reliability Statistics	
Cronbach's Alpha	N of Items
.808	5

Item-Total Statistics				
	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
I have the authority to correct problems while handling patients when they occur.	12.92	14.506	.516	.794
I am encouraged to handle problems with patient by myself.	13.35	12.582	.717	.731
I do not have to get management's approval before I handle problems related to patient.	13.78	12.737	.713	.733
I am allowed to do almost anything to solve problems with patient.	13.91	13.534	.625	.762
I have control over how I solve problems while handling patients.	12.79	15.437	.411	.823

e) Training

Case Processing Summary			
		N	%
Cases	Valid	368	100.0
	Excluded[a]	0	.0
	Total	368	100.0
a. Listwise deletion based on all variables in the procedure.			

Reliability Statistics	
Cronbach's Alpha	N of Items
.800	5

Item-Total Statistics				
	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
Nurses in this hospital receive continued training to provide good service	18.48	6.610	.438	.805
Nurses in this hospital receive continuous training on ways to handle patient before they come into contact with them.	18.54	5.960	.654	.740
Employees of this hospital receive training on how to interact with patient better	18.41	6.270	.721	.731
Nurses of this hospital are trained to deal with patient's complaints	18.50	5.586	.642	.742
Nurses in this hospital receive training on how to deal with complaining patient	18.58	6.016	.512	.787

f) Commitment

Case Processing Summary			
		N	%
Cases	Valid	368	100.0
	Excluded[a]	0	.0
	Total	368	100.0
a. Listwise deletion based on all variables in the procedure.			

Reliability Statistics	
Cronbach's Alpha	N of Items
.799	6

Item-Total Statistics				
	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
My values and those of the hospital's are similar.	25.18	5.919	.281	.824
I really care about the image of this hospital.	24.98	5.204	.578	.764
I am proud to tell others that I work for this hospital.	25.08	4.724	.679	.738
I am willing to put in a great deal of effort beyond that normally expected in order to help the hospital to have better future.	25.03	4.920	.629	.751
This company earned my complete loyalty.	25.13	4.740	.640	.747
This organization has a great deal of personal meaning for me.	25.20	4.968	.534	.774

APPENDIX E

DESCRIPTIVE STATISTIC

a) Gender

Gender					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	5	1.4	1.4	1.4
	Female	363	98.6	98.6	100.0
	Total	368	100.0	100.0	

b) Ethnic Group

Ethnic Group					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Malay	352	95.7	95.7	95.7
	Chinese	10	2.7	2.7	98.4
	Indian	5	1.4	1.4	99.7
	Others	1	.3	.3	100.0
	Total	368	100.0	100.0	

c) Age

Age					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	25-30	38	10.3	10.3	10.3
	31-35	74	20.1	20.1	30.4
	36-40	114	31.0	31.0	61.4
	41-45	80	21.7	21.7	83.2
	46-50	49	13.3	13.3	96.5
	>50	13	3.5	3.5	100.0
	Total	368	100.0	100.0	

d) Marital Status

Religion					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Islam	354	96.2	96.2	96.2
	Christian	1	.3	.3	96.5
	Buddhist	8	2.2	2.2	98.6
	Hindu	5	1.4	1.4	100.0
	Total	368	100.0	100.0	

e) Religion

Religion					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Islam	354	96.2	96.2	96.2
	Christian	1	.3	.3	96.5
	Buddhist	8	2.2	2.2	98.6
	Hindu	5	1.4	1.4	100.0
	Total	368	100.0	100.0	

f) Highest Education Level

Education Level					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	SPM	16	4.3	4.3	4.3
	Nursing Certification	111	30.2	30.2	34.5
	Diploma	236	64.1	64.1	98.6
	Bachelor's Degree	5	1.4	1.4	100.0
	Total	368	100.0	100.0	

g) Employment Tenure with KKM

Employment Tunure with KKM					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1-10 years	73	19.8	19.8	19.8
	11-20 years	236	64.1	64.1	84.0
	21-30 years	57	15.5	15.5	99.5
	>30 years	2	.5	.5	100.0
	Total	368	100.0	100.0	

h) Department

Department					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	ICU	30	8.2	8.2	8.2
	Ortopedik	23	6.3	6.3	14.4
	Day Care	10	2.7	2.7	17.1
	Hemodialisis	18	4.9	4.9	22.0
	Emergency	30	8.2	8.2	30.2
	Specialist	45	12.2	12.2	42.4
	Operation & Anaesthetics	33	9.0	9.0	51.4
	Pediatrics	53	14.4	14.4	65.8
	Medical	56	15.2	15.2	81.0
	Obstetrics & Gynaecology	70	19.0	19.0	100.0
	Total	368	100.0	100.0	

APPENDIX F

DESCRIPTIVE

a) Descriptive (Mean and Standard Deviation for All Variable)

Descriptive Statistics							
	N	Mean	Std. Deviation	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
Service Recovery	368	4.9005	.50695	-.429	.127	-.232	.254
Top Management Leadership	368	5.2516	.49746	-.264	.127	-.374	.254
Teamwork	368	5.2516	.49746	-.264	.127	-.374	.254
Empowerment	368	3.3375	.90587	-.001	.127	-.607	.254
Training	368	4.6255	.60199	-.113	.127	-.761	.254
Commitment	368	5.0199	.44196	.020	.127	-.209	.254
Valid N (listwise)	368						

b) Service Recovery

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
I don't mind dealing with complaining patient.	368	3	6	4.85	.701
No patient I deal with leaves with problems unresolved.	368	4	6	4.93	.640
Satisfying complaining patient is a great thrill to me.	368	4	6	5.07	.586
I think it is important to solve problems when service failure occurred.	368	3	6	4.94	.686
I feel responsible to correct the problems occurred while handling patients.	368	3	6	4.93	.662
Satisfying complaining patients is of great importance to me.	368	4	6	4.90	.657
I assist my colleagues to satisfy the patients in the case of dissatisfaction.	368	3	6	4.93	.634
I handle dissatisfied patients quite well.	368	2	6	4.90	.682
Valid N (listwise)	368				

c) Top Management Leadership

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
Top management actively participates in quality management and improvement process.	368	3	6	4.87	.711
Top management strongly encourages employee involvement to provide quality services and perform improved activities	368	3	6	4.91	.548
Top management arranges adequate resources for employee education and training .	368	2	6	4.77	.701
Top management discusses many quality-related issues in top management meetings.	368	2	6	4.82	.821
Top management pursues long-term service quality by nurses.	368	3	6	5.13	.678
Valid N (listwise)	368				

d) Teamwork

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
Everyone in my department contributes to a team effort in handling the patient.	368	2	6	5.20	.740
I feel that I am part of a team in my department.	368	2	6	5.29	.662
My fellow colleague and I co-operate more often than we compete.	368	3	6	5.35	.622
The activities of the hospital require team-based works rather than personal achievements.	368	3	6	5.24	.616
Hospital management expects a long-term service quality by nurses.	368	3	6	5.18	.701
Valid N (listwise)	368				

e) Empowerment

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
I have the authority to correct problems while handling patients when they occur.	368	1	6	3.76	1.177
I am encouraged to handle problems with patient by myself.	368	1	6	3.34	1.251
I do not have to get management's approval before I handle problems related to patient.	368	1	6	2.90	1.230
I am allowed to do almost anything to solve problems with patient.	368	1	6	2.78	1.203
I have control over how I solve problems while handling patients.	368	1	6	3.90	1.157
Valid N (listwise)	368				

f) Training

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
Nurses in this hospital receive continued training to provide good service	368	3	6	4.65	.802
Nurses in this hospital receive continuous training on ways to handle patient before they come into contact with them.	368	3	6	4.59	.780
Employees of this hospital receive training on how to interact with patient better	368	2	6	4.71	.654
Nurses of this hospital are trained to deal with patient's complaints	368	2	6	4.63	.886
Nurses in this hospital receive training on how to deal with complaining patient	368	2	6	4.55	.894
Valid N (listwise)	368				

g) Commitment

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
My values and those of the hospital's are similar.	368	2	6	4.94	.573
I really care about the image of this hospital.	368	4	6	5.14	.570
I am proud to tell others that I work for this hospital.	368	4	6	5.04	.642
I am willing to put in a great deal of effort beyond that normally expected in order to help the hospital to have better future.	368	4	6	5.09	.620
This company earned my complete loyalty.	368	4	6	4.99	.664
This organization has a great deal of personal meaning for me.	368	2	6	4.92	.676
Valid N (listwise)	368				

APPENDIX G

INDEPENDENT SAMPLE T-TEST

a) Gender

Group Statistics					
	Gender	N	Mean	Std. Deviation	Std. Error Mean
Service Recovery	Male	5	4.6000	.56569	.25298
	Female	363	4.9047	.50572	.02654

Independent Samples Test										
		Levene's Test for Equality of Variances		t-test for Equality of Means						
									95% Confidence Interval of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Service Recovery	Equal variances	.001	.978	-1.336	366	.182	-.30468	.22803	-.75309	.14373
	Equal variances			-1.198	4.089	.296	-.30468	.25437	-1.00494	.39557

APPENDIX H

ONE WAY ANOVA

a) Ethnic Group

Descriptives

Service Recovery

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean Lower Bound	95% Confidence Interval for Mean Upper Bound	Minimum	Maximum
Malay	352	4.8949	.50522	.02693	4.8419	4.9478	3.60	6.00
Chinese	10	5.0000	.69921	.22111	4.4998	5.5002	3.40	5.60
Indian	5	5.0800	.10954	.04899	4.9440	5.2160	5.00	5.20
Others	1	5.0000	.	.	.	.	5.00	5.00
Total	368	4.9005	.50695	.02643	4.8486	4.9525	3.40	6.00

Test of Homogeneity of Variances

Service Recovery

Levene Statistic	df1	df2	Sig.
2.958[a]	2	364	.053

a. Groups with only one case are ignored in computing the test of homogeneity of variance for Service Recovery.

ANOVA

Service Recovery

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	.281	3	.094	.363	.780
Within Groups	94.039	364	.258		
Total	94.320	367			

b) Age

Descriptives

Service Recovery

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean Lower Bound	95% Confidence Interval for Mean Upper Bound	Minimum	Maximum
25-30	38	4.7053	.46670	.07571	4.5519	4.8587	4.00	5.60
31-35	74	4.8135	.49913	.05802	4.6979	4.9292	3.40	6.00
36-40	114	4.9263	.49225	.04610	4.8350	5.0177	3.60	6.00
41-45	80	4.9450	.54096	.06048	4.8246	5.0654	3.60	6.00
46-50	49	5.0449	.42282	.06040	4.9235	5.1663	4.00	6.00
>50	13	4.9231	.69060	.19154	4.5058	5.3404	4.00	6.00
Total	368	4.9005	.50695	.02643	4.8486	4.9525	3.40	6.00

Test of Homogeneity of Variances

Service Recovery

Levene Statistic	df1	df2	Sig.
1.333	5	362	.249

ANOVA

Service Recovery

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	3.271	5	.654	2.601	.025
Within Groups	91.049	362	.252		
Total	94.320	367			

c) Marital Status

Descriptives

Service Recovery

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean Lower Bound	95% Confidence Interval for Mean Upper Bound	Minimum	Maximum
Single	11	4.4545	.42039	.12675	4.1721	4.7370	4.00	5.60
Married	352	4.9102	.50378	.02685	4.8574	4.9630	3.40	6.00
Divorced	5	5.2000	.44721	.20000	4.6447	5.7553	4.60	5.80
Total	368	4.9005	.50695	.02643	4.8486	4.9525	3.40	6.00

Test of Homogeneity of Variances

Service Recovery

Levene Statistic	df1	df2	Sig.
1.240	2	365	.291

ANOVA

Service Recovery

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	2.669	2	1.335	5.316	.005
Within Groups	91.650	365	.251		
Total	94.320	367			

d) Religion

Descriptives

Service Recovery

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean Lower Bound	95% Confidence Interval for Mean Upper Bound	Minimum	Maximum
Islam	354	4.8966	.50453	.02682	4.8439	4.9493	3.60	6.00
Christian	1	4.2000	.	.	.	.	4.20	4.20
Buddhist	8	5.0500	.71514	.25284	4.4521	5.6479	3.40	5.60
Hindu	5	5.0800	.10954	.04899	4.9440	5.2160	5.00	5.20
Total	368	4.9005	.50695	.02643	4.8486	4.9525	3.40	6.00

Test of Homogeneity of Variances

Service Recovery

Levene Statistic	df1	df2	Sig.
2.724[a]	2	364	.067

a. Groups with only one case are ignored in computing the test of homogeneity of variance for Service Recovery.

ANOVA

Service Recovery

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	.836	3	.279	1.085	.355
Within Groups	93.484	364	.257		
Total	94.320	367			

e) Highest Education Level

Descriptives

Service Recovery

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean Lower Bound	95% Confidence Interval for Mean Upper Bound	Minimum	Maximum
SPM	16	4.8875	.48425	.12106	4.6295	5.1455	4.00	5.60
Nursing Certification	111	5.0973	.39897	.03787	5.0223	5.1723	4.00	6.00
Diploma	236	4.8229	.52120	.03393	4.7560	4.8897	3.40	6.00
Bachelor's Degree	5	4.2400	.62290	.27857	3.4666	5.0134	3.60	5.00
Total	368	4.9005	.50695	.02643	4.8486	4.9525	3.40	6.00

Test of Homogeneity of Variances

Service Recovery

Levene Statistic	df1	df2	Sig.
6.135	3	364	.000

ANOVA

Service Recovery

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	7.905	3	2.635	11.099	.000
Within Groups	86.415	364	.237		
Total	94.320	367			

f) Employment Tenure with KKM

Descriptives

Service Recovery

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean Lower Bound	95% Confidence Interval for Mean Upper Bound	Minimum	Maximum
1-10 years	73	4.7562	.53150	.06221	4.6322	4.8802	3.40	5.80
11-20 years	236	4.9169	.49151	.03199	4.8539	4.9800	3.60	6.00
21-30 years	57	5.0140	.49260	.06525	4.8833	5.1447	4.00	6.00
>30 years	2	5.0000	1.13137	.80000	-5.1650	15.1650	4.20	5.80
Total	368	4.9005	.50695	.02643	4.8486	4.9525	3.40	6.00

Test of Homogeneity of Variances

Service Recovery

Levene Statistic	df1	df2	Sig.
1.851	3	364	.138

ANOVA

Service Recovery

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	2.339	3	.780	3.086	.027
Within Groups	91.981	364	.253		
Total	94.320	367			

g) Department

Descriptives

Service Recovery

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean Lower Bound	95% Confidence Interval for Mean Upper Bound	Minimum	Maximum
ICU	30	5.1800	.47663	.08702	5.0020	5.3580	4.00	6.00
Ortopedik	23	4.4870	.43412	.09052	4.2992	4.6747	3.80	5.20
Day Care	10	5.0200	.35839	.11333	4.7636	5.2764	4.40	5.40
Hemodialisis	18	5.1000	.48628	.11462	4.8582	5.3418	4.40	6.00
Emergency	30	4.7867	.51977	.09490	4.5926	4.9808	3.40	5.60
Specialist	45	5.1778	.33090	.04933	5.0784	5.2772	4.60	6.00
Operation & Anaesthetics	33	4.5879	.50483	.08788	4.4089	4.7669	3.60	5.40
Pediatrics	53	4.9132	.52698	.07239	4.7680	5.0585	3.60	6.00
Medical	56	4.5500	.37026	.04948	4.4508	4.6492	4.00	5.40
Obstetrics & Gynaecology	70	5.1371	.39201	.04685	5.0437	5.2306	4.00	6.00
Total	368	4.9005	.50695	.02643	4.8486	4.9525	3.40	6.00

Test of Homogeneity of Variances

Service Recovery

Levene Statistic	df1	df2	Sig.
2.348	9	358	.014

ANOVA

Service Recovery

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	25.018	9	2.780	14.360	.000
Within Groups	69.302	358	.194		
Total	94.320	367			

APPENDIX I

PEARSON CORRELATION

a) Person Correlation (all variables)

Correlations

		totaltml	totaltw	totalemp	totaltng	totalcmmt	Totalsr
totaltml	Pearson Correlation	1	.287**	.067	.293**	.420**	.150**
	Sig. (2-tailed)		.000	.197	.000	.000	.004
	N	368	368	368	368	368	368
totaltw	Pearson Correlation	.287**	1	-.197**	-.078	.278**	.056
	Sig. (2-tailed)	.000		.000	.136	.000	.287
	N	368	368	368	368	368	368
totalemp	Pearson Correlation	.067	-.197**	1	.420**	.000	.298**
	Sig. (2-tailed)	.197	.000		.000	.996	.000
	N	368	368	368	368	368	368
totaltng	Pearson Correlation	.293**	-.078	.420**	1	.230**	.425**
	Sig. (2-tailed)	.000	.136	.000		.000	.000
	N	368	368	368	368	368	368
totalcmmt	Pearson Correlation	.420**	.278**	.000	.230**	1	.351**
	Sig. (2-tailed)	.000	.000	.996	.000		.000
	N	368	368	368	368	368	368
Totalsr	Pearson Correlation	.150**	.056	.298**	.425**	.351**	1
	Sig. (2-tailed)	.004	.287	.000	.000	.000	
	N	368	368	368	368	368	368

**. Correlation is significant at the 0.01 level (2-tailed).

****** correlation is significant at the 0.01 (2-tailed).

TML (Top Management Leadership), TW (Teamwork), EMP (Empowerment), TNG (Training), CMMT (Commitment), SR (Service Recovery)

b) Person Correlation Top Management Leadership

Descriptive Statistics			
	Mean	Std. Deviation	N
TML	24.5027	2.53477	368
Service Recovery	39.4538	3.61695	368

Correlations			
		TML	Service Recovery
TML	Pearson Correlation	1	.150**
	Sig. (2-tailed)		.004
	N	368	368
Service Recovery	Pearson Correlation	.150**	1
	Sig. (2-tailed)	.004	
	N	368	368
**. Correlation is significant at the 0.01 level (2-tailed).			

c) Pearson Correlation Teamwork

Descriptive Statistics			
	Mean	Std. Deviation	N
totaltw	26.2582	2.48728	368
Totalsr	39.4538	3.61695	368

Correlations			
		totaltw	Totalsr
totaltw	Pearson Correlation	1	.056
	Sig. (2-tailed)		.287
	N	368	368
Totalsr	Pearson Correlation	.056	1
	Sig. (2-tailed)	.287	
	N	368	368

d) Pearson Correlation Empowerment

Descriptive Statistics			
	Mean	Std. Deviation	N
Empowerment	16.6875	4.52937	368
Service Recovery	39.4538	3.61695	368

Correlations			
		Empowerment	Service Recovery
Empowerment	Pearson Correlation	1	.298**
	Sig. (2-tailed)		.000
	N	368	368
Service Recovery	Pearson Correlation	.298**	1
	Sig. (2-tailed)	.000	
	N	368	368
**. Correlation is significant at the 0.01 level (2-tailed).			

e) Pearson Correlation Training

Descriptive Statistics			
	Mean	Std. Deviation	N
Training	23.1277	3.00997	368
Service Recovery	39.4538	3.61695	368

Correlations			
		Training	Service Recovery
Training	Pearson Correlation	1	.425**
	Sig. (2-tailed)		.000
	N	368	368
Service Recovery	Pearson Correlation	.425**	1
	Sig. (2-tailed)	.000	
	N	368	368
**. Correlation is significant at the 0.01 level (2-tailed).			

f) Pearson Correlation Commitment

Descriptive Statistics			
	Mean	Std. Deviation	N
Commitment	30.1196	2.65179	368
Service Recovery	39.4538	3.61695	368

Correlations			
		Commitment	Service Recovery
Commitment	Pearson Correlation	1	.351**
	Sig. (2-tailed)		.000
	N	368	368
Service Recovery	Pearson Correlation	.351**	1
	Sig. (2-tailed)	.000	
	N	368	368
**. Correlation is significant at the 0.01 level (2-tailed).			

APPENDIX J

MULTIPLE REGRESSION

Descriptive Statistics			
	Mean	Std. Deviation	N
Service Recovery	39.4538	3.61695	368
Top Management Leadership	24.5027	2.53477	368
Teamwork	26.2582	2.48728	368
Empowerment	16.6875	4.52937	368
Training	23.1277	3.00997	368
Commitment	30.1196	2.65179	368

Correlations

		Service Recovery	Top Management Leadership	Teamwork	Empowerment	Training	Commitment
Pearson Correlation	Service Recovery	1.000	.150	.056	.298	.425	.351
	Top Management Leadership	.150	1.000	.287	.067	.293	.420
	Teamwork	.056	.287	1.000	-.197	-.078	.278
	Empowerment	.298	.067	-.197	1.000	.420	.000
	Training	.425	.293	-.078	.420	1.000	.230
	Commitment	.351	.420	.278	.000	.230	1.000
Sig. (1-tailed)	Service Recovery	.	.002	.143	.000	.000	.000
	Top Management Leadership	.002	.	.000	.099	.000	.000
	Teamwork	.143	.000	.	.000	.068	.000
	Empowerment	.000	.099	.000	.	.000	.498
	Training	.000	.000	.068	.000	.	.000
	Commitment	.000	.000	.000	.498	.000	.
N	Service Recovery	368	368	368	368	368	368
	Top Management Leadership	368	368	368	368	368	368
	Teamwork	368	368	368	368	368	368
	Empowerment	368	368	368	368	368	368
	Training	368	368	368	368	368	368
	totalcmmt	368	368	368	368	368	368

Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.532[a]	.283	.273	3.08400	1.493

a. Predictors: (Constant), totalcmmt, totalemp, totaltw, totaltml, totaltng
b. Dependent Variable: Totalsr

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	1358.216	5	271.643	28.561	.000[b]
	Residual	3442.999	362	9.511		
	Total	4801.215	367			

a. Dependent Variable: Totalsr
b. Predictors: (Constant), totalcmmt, totalemp, totaltw, totaltml, totaltng